



2131 Rivershore Road
Elizabeth City NC 27909
Ph: 252-207-9147
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www.dixieland-speedway.com

2024 Driver Registration

CAR OWNER INFORMATION:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ email _____

DRIVER INFORMATION:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ email _____

WHO RECEIVES 1099 TAX FORM AND PAYMENTS: (Circle One) Owner or Driver

Payout will be via check or ACH unless otherwise determined by track management.
Payments will be mailed to the address listed above or submitted via ACH the week following the race.

In order to receive payment of the purse all W-9 forms and other required documents must be completed. A new W-9 is required for each year. The racetrack will use the provided W-9 for tax purposes for all events / divisions that driver enters unless otherwise notified by the driver.

I WISH TO RECEIVE PAYOUT VIA: (Circle One) CHECK OR ACH

If ACH is chosen, page 2 must be completed.

2024 ACH Registration

I, _____, authorize Dixieland Speedway Ventures, LLC to direct deposit my winnings into my bank account. I have attached a voided check for checking account deposits and/ or a withdrawal slip for savings account deposits. I understand that I must give a minimum five working day notice to change my deposit information.

Signature

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