

2025 REGISTRATION FORM INSTRUCTIONS

- 1. All Bullring Competitors must complete this entire form prior to racing.
- 2. Any individual who will receive a payout post-race will have to complete a W-9 form with Las Vegas Motor Speedway. If you need additional W-9 forms you can find them on here: https://www.lvms.com/documents/w-9-form.pdf.
- 3. A one time \$50.00 membership fee is charged per driver in order to be considered for year end points. A receipt or proof of payment on Pit Pay will be attached to the packet.
- 4. Duplicate numbers will be permitted this year in each division. The choice of individual lettering will be based on seniority. For questions regarding duplicate numbers, contact TJ Clark at tclark@lvms.com.
- 5. Each driver may only register one number per class.
- 6. Number may not consist of more than three (3) digits (letter /number combinations are allowed).
- 7. You must complete and turn in this form in order to retain your number from the previous season.
- 8. The person completing this form must sign and date the front before it will be accepted by The Bullring.



COMPLETE ALL LINES ON THIS FORM. <u>DO NOT WRITE "SAME" ON ANY LINE.</u>
ANY INCOMPLETE FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Check all divisions you are competing in.

SIGNATURE:

NASCAR:						
[] Pro Late Model [] Outlaw Factory Stock [] Modified [] S	Super Stock [] Mini Stock				
NASCAR Feature License is required for Pro Late Model. All	other classes must have a	at least a Charger License. The				
NASCAR Feature License covers all classes listed above.						
INEX: Bandolero: [] Outlaw [] Bandit	Legends: [] M	[]P []SP []YL				
LVMS: [] Skid Plate						
[] ROOKIE - you must check this box to be considered	for rookie of the year i	n your division.				
Please list the division you would like to be considered for	rookie in.					
DRIVER INFO	<u>ORMATION</u>					
(PLEASE COMPLETE YOUR NAME AS IT APPEARS	ON YOUR NASCAR	OR INEX LICENSE)				
DRIVER NAME:]	BIRTH DATE:/				
RACING NAME (if different from driver name)						
STREET ADDRESS:						
CITY:						
PHONE NUMBER: (Control of the Contro					
EMAIL ADDRESS:						
CAR OWNER INFORMATION						
CAR OWNER NAME:						
STREET ADDRESS:						
CITY:	STATE:	ZIP:				
PHONE NUMBER: (
EMAIL ADDRESS:						
PAYEE NAME (cannot be a minor):						
The team representative (cannot be a minor) signing this a	pplication below, agree	s that all team members (including but				
not limited to driver, owner, crew chief, or crew members) will honor and follow all rules listed for the Bullring.						
PRINTED NAME:	D A	ATE:				

Oriver Name:	Car#:	Class:	
		- 10.00	-

(Rev. March 2024) Department of the Tr

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

TOTAL PROPERTY AND INCOME.	and the last	renue Service	do to minima gorn ornina for insudential and the latest	morma	u-OII							
Before	yc		juidance related to the purpose of Form W-9, see Purpose of Form, below.									
	1	Name of entity/ entity's name of	individual. An entry is required. (For a sole proprietor or disregarded entity, enter the own	vner's nan	ne or	line	1, and	enter th	e busi	ness/dis	sregarded	
		articly a traine o										
-	_	D. ele	fellows and a settle season. Walter the form of the settle season.		energia de la companya de la company				-		***************************************	
	2	business name.	disregarded entity name, if different from above.									
69	20	Chack the appr	anciate how for factoral tay classification of the entity/individual whose name is entered	on line 1	Char	de .	4 =					
ge	Ja	a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.				4 Exemptions (codes apply only to certain entities, not individuals;						
only one of the following seven boxes. Individual/sole proprietor						6	see instructions on page 3):					
. 9			the tax classification (C = C corporation, S = S corporation, P = Partnership)				Exempt payee code (if any)					
e co		Note: Chec	k the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for					A-t-y-		(r))		
100		classificatio	n of the LLC, unless it is a disregarded entity. A disregarded entity should instead check tax classification of its owner.	k the appr	opria	to		nption fro			count Tax	
Print or type. c instructions			nstructions)					(if any)	we fe s	(I way I to	sporting.	
E 0	O.L								***************************************			
9Cil	30		checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax oviding this form to a partnership, trust, or estate in which you have an ownership in				A	oplies to				
S		this box if you h	ave any foreign partners, owners, or beneficiaries. See instructions					outside	the Un	iited Sta	ites.)	
See	5	Address (numb	er, street, and apt. or suite no.). See instructions.	Requeste	r's n	ame a	and ac	idress (o	ptiona	ŋ		
-				Las Veg	ias	Mot	or Si	peedw	av			
	6	City, state, and	ZIP code	7000 La	s V	ega	s Blv	d, N	,			
				Las Veg	jas,	NV	8911	15				
	7	List account nu	mber(s) here (optional) Phone Numb	201								
				Jer.								
Part		Taxpay	er Identification Number (TIN)		e:	-1						
Enter your this in the appropriate box. The first provided must match the name given on line 1 to avoid		21 36	cunty	number								
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				-		-						
entities	s, it	is your employ	yer identification number (EIN). If you do not have a number, see How to get	a	r							
TIN, lat	ter.					loyer	r Identification number					
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and		Ť	T	TT	T	П	T					
Numbe	er 7	o Give the Re	quester for guidelines on whose number to enter.			.	-					
Part	11	Certific	ation									
Under	per	nalties of perju	ry, I certify that:	***********************						-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1. The	nui	mber shown o	n this form is my correct taxpayer identification number (or I am waiting for a	unumber	to b	oe iss	sued '	to me);	and			
			ckup withholding because (a) I am exempt from backup withholding, or (b) I									
			n subject to backup withholding as a result of a failure to report all interest or	r dividen	ds, e	or (c)	the I	RS has	notifi	ed me	that I am	
no longer subject to backup withholding; and												
3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct,												
		_	s. You must cross out item 2 above if you have been notified by the IRS that you			the or	hiact	to hack	aus uui	thhaldi		
becaus	e y	ou have failed	to report all interest and dividends on your tax return. For real estate transaction	ns, item 2	2 do	es no	ot app	lv. For r	norta	age inte	ng erest paid.	
acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments												
	han	interest and di	vidends, you are not required to sign the certification, but you must provide you	ur correc	t TIN	I. Se	e the	instructi	ons fo	or Part I	II, later.	
Sign Here		Signature of	_									
nere	Here U.S. person Date											
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they