



## 2026 TRAIN REGISTRATION FORM

(Fill Out Completely -- Type or Print Legibly)

\*\*\*\*\*Driver's Purse Checks to be paid and mailed or direct deposited to Train Owner\*\*\*\*\*

**Car Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS# or Fed ID# \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Front Driver's Legal Name** \_\_\_\_\_ **Rookie** \_\_\_\_\_

Name as Driver would like Announced \_\_\_\_\_ Jacket Size \_\_\_\_\_

**Rear Driver's Legal Name** \_\_\_\_\_ **Rookie** \_\_\_\_\_

Name as Driver Would like Announced \_\_\_\_\_ Jacket Size \_\_\_\_\_

\*\*\* How to send Payout: Direct Deposit \_\_\_\_\_ Mail \_\_\_\_\_ \*\*\*

**Train Name:** \_\_\_\_\_ # \_\_\_\_\_

Primary Sponsor \_\_\_\_\_

Associate Sponsors \_\_\_\_\_

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I hereby state that the above information is true and accurate to the best of my knowledge. Any misrepresentation of the above may result in a fine and/or suspension.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BOTH SIDES OF THIS FORM MUST BE SIGNED**

Vehicle Registration Fee --- \$75.00

Questions? Email us - [info@coloradospeedway.com](mailto:info@coloradospeedway.com)

(CNS USE ONLY)

Amount Pd \$ \_\_\_\_\_ (Paid on \_\_\_\_\_ by  Check # \_\_\_\_\_  Cash  Credit)

**I do agree, by signing this Colorado National Speedway registration form, that I will abide by all the rules and regulations set forth by Colorado National Speedway, including, but not limited to the following:**

1.  I have, or will have, familiarized myself with all the Colorado National Speedway rules and regulations, including car specifications and safety rules, and I specifically agree to abide by all the Colorado National Speedway rules.
2.  I agree that I shall be the sole spokesperson for myself, the car owner, and the crew in all matters pertaining to compliance with the rules and regulations, and I agree and understand that I am responsible for the conduct of my crew.
3.  I agree and understand that by submitting my race car for various technical and safety inspections, I certify that the race car meets all the rules and regulations for participation in Colorado National Speedway sanctioned events, and I understand that the burden of proof will rest upon me to show that I am in compliance with all of the Colorado National Speedway rules and regulations, and I understand violation of various rules can result in a fine, suspension, and loss of all track points.
4.  I agree to appropriately use all required stickers, decals, and patches, and I understand that failure to do so will result in loss of points and forfeiture of all money and awards for the event.
5.  I agree that all decisions of Colorado National Speedway race officials, or track officials, regarding the interpretation and application of the Colorado National Speedway Rule Book, and the scoring of positions, shall be non-litigable. I further covenant and agree that I will not initiate any type of legal action against Colorado National Speedway, or a Colorado National Speedway promoter, to challenge such decisions, to seek monetary damages, to seek injunctive relief, or to seek any other kind of legal remedy. I understand that if I pursue any such legal action, which violates this provision, then I expressly agree to reimburse Colorado National Speedway for all of its attorney's fees and costs in defending against such legal action.
6.  I also agree to release all advertising and promotional rights to my name, car and likeness to Colorado National Speedway and its sponsors.
7.  I understand that all points and awards will go to the driver.
8.  I further understand that there is no express or implied warranty of safety resulting from publication of compliance with the Colorado National Speedway rules and that they are intended as a guide for the conduct of the sport and are in no way a guarantee against injury or death to participants, spectators, or others.
9.  I have or will have inspected the racing surface on which I am to compete to learn of any defects, obstructions, or anything which I feel is unsafe. I submit that I will report any such conditions in writing to Colorado National Speedway or a track official. I agree that by entering and competing in a race event that I have determined that all conditions to race are satisfactory. If I feel that conditions are not safe and/or satisfactory, I know that I should not race. I further acknowledge that I am aware that auto racing involves risks and that by competing in an event; I assume these risks with full awareness and knowledge.
10.  I certify that at the time of signing this application, I am in fact at least (14) years of age.
11.  Pit parking stalls may be rented for the 2026 race season. **One per hauler and race vehicle.** Renter may use parking pass for only parking hauler and race vehicle on race day. Previous parking stalls will have first right of refusal.
12.  I consent and understand that the Management of Colorado National Speedway will randomly test for drug and alcohol use at their discretion.

**I hereby state that I have carefully read and understand the above information provided to me by Colorado National Speedway. I also agree in signing to comply with this information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(BOTH SIDES OF THIS FORM MUST BE SIGNED)

**PLEASE READ BACK: SIGN AND INITIAL**

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <b>Specific Instructions</b> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)					
	2 Business name/disregarded entity name, if different from above.					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.					
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate					
	<input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . .					
	<b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) . . .					
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . .	<input type="checkbox"/>				
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)					
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
or											
Employer identification number											
<input type="text"/>	<input type="text"/>	-	<input type="text"/>								

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified 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.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of 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](http://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.

New line 3b has been added to this form. A flow-through entity is 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



## Colorado National Speedway

Speedway Entertainment, Inc.  
4821 Speedway Boulevard  
Dacono, CO 80514  
[www.coloradospeedway.com](http://www.coloradospeedway.com)  
[cnsaccounting@cospeedway.com](mailto:cnsaccounting@cospeedway.com)  
303-828-0116



## Authorization for ACH Deposits

Authorization Type:

Setup

Change

Bank Name:

\_\_\_\_\_

Bank Branch Address:

\_\_\_\_\_

Bank Account Type:

Checking

Savings

Name on Account:

\_\_\_\_\_

ABA/Routing Number:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

I authorize Speedway Entertainment, Inc. to deposit funds as ACH credits to the bank account listed above and, if an ACH credit is made in error, to initiate reversing ACH debit in compliance with the Nacha Operating Rules. If an ACH reversal cannot be completed, I agree to promptly return any funds received in error. This authorization remains in effect until revoked in writing to Speedway Entertainment, Inc., allowing reasonable time to process.

By signing below, I certify that I am an authorized representative of the account holder and have authority to execute this authorization for the bank account listed above.

Printed Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Relationship to Account:

\_\_\_\_\_

Date:

\_\_\_\_\_