



Central New York Mini Sprints, Inc
 6328 Kelly Road
 Sodus, New York 14551
 email: cnyms15m@aol.com
 website: www.cnyms.com

**2008 A-Verdi Storage Containers
 Central New York Mini Sprint Tour**

Owner Application

‡ Required Information

Team Name: _____

Car #: _____

Driver Type (Choose One) (*Fees explained below)‡:

Owner 1 (FULL POINTS) (\$75) Owner 2 (Information Only) (\$0)

Name‡ _____

Address‡ _____

Home Phone _____ Cell Phone _____

Email Address (i.e.: myname@myprovider.com) _____

Emergency Information (‡ Full Points Owners Only):	
Name _____	Blood Type _____
Relationship _____	Allergies _____
Home Phone _____	Last Tetanus _____
Alternative Phone _____	

<p>INJURY RELEASE (**)(‡ Full Points Owners Only)</p> <p>I AGREE THAT WHEN I PARTICIPATE IN ANY CENTRAL NEW YORK MINI SPRINT, INC. (CNYMS) EVENT OR FUNCTION, I DO SO AT MY OWN RISK AND THAT CNYMS IS NOT RESPONSIBLE FOR MY SAFETY OF BODILY INJURY OR ANY DAMAGE TO PROPERTY BELONGING TO MYSELF.</p>	
Signature _____	Date _____

Fees(*):	
\$75	— Car Owner Membership (CNYMS owner points for year end awards — car must make 50% of the shows, pit entry discounts (where applicable))
\$0	— Car Owner Membership (NO CNYMS owner points for year end awards or pit entry discounts)

Make Checks Payable to:
 Central New York Mini Sprints, Inc
Return to:
 6328 Kelly Road
 Sodus, New York 14551

**** If the full points owner is less than 18 years old a Minor's Release is required.**

Office Use Only: Payment Rec'd		
Amt _____	Dt _____	Ent _____



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1099 Information

‡ Required Information

****FEDERAL LAW REQUIRES CNYMS, Inc TO HAVE THIS INFORMATION ON FILE****

Earnings of \$600 or more per year will receive a 1099 Miscellaneous Income Form. A federal 1099 form will be issued by CNYMS, Inc. at year end. This form must be signed and received **BEFORE** the driver/owner signs in for their first race.

Instructions:

Please complete the below information. Each car number owned must have one of these forms with all drivers listed.

Car #: ‡ _____

Owner	Name: ‡ _____ Address: ‡ _____ _____ _____ SSN or Tax Number: ‡ _____ Signature: ‡ _____ Date: ‡ _____
Driver #1	Name: ‡ _____ Address: ‡ _____ _____ _____ Signature: ‡ _____ Date: ‡ _____
Driver #2	Name: ‡ _____ Address: ‡ _____ _____ _____ Signature: ‡ _____ Date: ‡ _____

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Office Use Only: Rec'd
Dt _____ Ent _____