

Super Cup Stock Car Series

Car Owner Registration – 2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: (____) - _____ Cell: (____) - _____ Fax: (____) - _____

Email: _____

Team Name: _____

SSN or TIN: _____

This is for 1099 purposes.

Check made payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

(This is where your checks and reporting information will be sent)

Driver: _____

Number desired: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Owner Fee: \$100 per owner.

Note: One time annual fee, Required for each car registered.

Number Fee: \$250 per car number issued.

Note: Check and Completed form must be in hand prior to issuing a car number

Mail Form To: Start to Finish LLC.
P.O. Box 336
Skyland, NC 28776-0336

Office Use: Owner Fee paid: \$_____

Number Fee Paid: \$_____