



2025 DRIVER ANNOUNCER FORM

DRIVER NAME: _____

NICKNAME: _____

CAR #: _____

YEARS DRIVING: _____

CHASSIS BUILDER: _____

ENGINE BUILDER: _____

SPONSORS:

CAR OWNER: _____

TEAM NAME: _____

ACCOMPLISHMENTS:

Golden Isles Speedway Registration Form 2025

Please fill out form completely. Check is the driver or the car owner receives the paycheck. A completed and signed W-9 Form must accompany this registration form. The check will be made payable to the name as shown on the W-9 Form.

Division: _____ Car #: _____ Color: _____

Driver Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

DOB: ____/____/____ SSN: _____

Owners Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

DOB: ____/____/____ SSN: _____

Car Information:

Make: _____ Model: _____

Engine: _____ Builder: _____

Chassis Builder: _____

Crew Chief: _____ Crew Members: _____

Main Sponsors: _____

Alt. Sponsors: _____

Please Check One: Driver: _____ Car Owner: _____

You may submit this and the W-9 form to Golden Isles Speedway by mail @ 101 Speedway Drive
Waynesville, GA 31566 or in person at the event. Please notify GIS of any changes.

Phone: (912)913-9145