



CS PULLING PROMOTIONS

2025 MEMBERSHIP APPLICATION

<input type="checkbox"/> STREET DIESEL 4X4 TRUCKS (\$100)	<input type="checkbox"/> 2.6 PRO STREET DIESEL TRUCKS (\$100)
<input type="checkbox"/> SUPER SEMI TRUCKS (\$100)	<input type="checkbox"/> HOT FARM/SUPER FARM TRACTORS (\$500)
<input type="checkbox"/> HOT STREET SEMIS (\$100)	<input type="checkbox"/> 410 SUPER STOCK TRUCKS (\$500)
<input type="checkbox"/> 3.6 PRO STREET SEMIS (\$100)	<input type="checkbox"/> HOT ROD V-8 TRACTORS (\$0)
<input type="checkbox"/> LIMITED PRO TRACTORS (\$500)	<input type="checkbox"/> PRO MODIFIED TRUCKS (\$100)
<input type="checkbox"/> PRO STOCK TRUCKS (\$100)	

DRIVER INFORMATION:

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

SS#/EIN#: _____ ALL CHECKS MADE OUT TO: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

VEHICLE INFORMATION:

YEAR/MAKE/MODEL: _____ ENGINE: _____

NAME OF VEHICLE: _____ SPONSORS: _____

Competitor Waiver & Release of Liability

I, the undersigned competitor, acknowledge and agree to the following terms as a condition of participating in any event organized or sanctioned by CS Pulling Promotions:

Assumption of Risk

I understand that truck and tractor pulling is an inherently dangerous motorsport, involving risks of serious injury, disability, death, and property damage. I voluntarily assume all risks associated with my participation.

Release of Liability

I hereby release, discharge, and hold harmless CS Pulling Promotions, its officers, directors, employees, volunteers, sponsors, event organizers, venue owners, and any affiliated parties from any and all claims, liabilities, damages, losses, or injuries arising out of or related to my participation in any event.

Compliance with Rules & Regulations

I agree to abide by all rules and regulations set forth by CS Pulling Promotions. I confirm that I have read, understand, and agree to abide by the official CS Pulling Promotions rule book. I acknowledge that failure to comply may result in disqualification or removal from the event.

Medical Treatment Authorization

In the event of an accident or medical emergency, I authorize event staff, medical personnel, or emergency responders to provide necessary medical treatment.

Consent for Media & Promotions

I grant CS Pulling Promotions and its affiliates the unrestricted right to use my name, image, likeness, and any photographs or video footage of me taken at the event for promotional, advertising, and commercial purposes without compensation.

Indemnification

I agree to indemnify and hold harmless CS Pulling Promotions, its staff, sponsors, and affiliated parties from any claims, damages, or expenses (including attorney fees) resulting from my participation in the event.

Acknowledgment of Rule Book Review

By signing below, I confirm that I have read the official CS Pulling Promotions rule book and understand all the rules and requirements for competition. I acknowledge that failure to follow the rules may result in penalties, disqualification, or loss of event privileges.

Acknowledgment of Understanding

I have read and understand this waiver and release of liability. I sign it voluntarily, acknowledging that by signing, I am waiving certain legal rights, including the right to sue.

APPLICANT'S SIGNATURE: _____ DATE: _____

**MAKE CHECKS PAYABLE TO:
CS PULLING PROMOTIONS
278 BEAR DEN LN. TIONESTA, PA. 16353**

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.