



2019 COMPETITION PACKET

Racers, Family and Friends,

The 2018 season is officially over and soon before we know it, the first race of the 2019 season will be right around the corner. We are more than excited to have another action-packed season with the Legend Cars and Bandoleros at New Hampshire Motor Speedway, as well as expanding our Oval Series events to other NH short tracks.

Prior to the start of the 2019 season, we ask that you please fill out this competition packet. It is required by all participants to fill out this packet prior to the participant's first race at NHMS. We ask that you please fill out the following forms listed below (and attached):

- Driver Profile (**MANDATORY**)
- W-9 Form (**MANDATORY**)
- Online Account Request Form (**MANDATORY FOR NEW DRIVERS; IF YOU RETURNING FROM LAST SEASON, DISREGARD THIS FORM**)
- Car Number Registration (**MANDATORY**)
- Medical Contact Form (**MANDATORY**)
- Driver Bio (**MANDATORY**)

Also attached is an instruction sheet on registering for an event through your account

PLEASE MAIL ALL COMPLETED FORMS BY 3/22/19 TO:

New Hampshire Motor Speedway
Attn: Granite State Legend Cars
PO Box 7888
Loudon, NH 03307-7888

We look forward to seeing you at the track!

Thanks,

Kelsie Leonard

Granite State Legends
Cars Supervisor

DRIVER PROFILE

Name: _____ DOB: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Car Class: Legend Car Bandolero Car

Division (Check One)

- Bandit (Bandolero) Outlaw (Bandolero) Young Lion (Legend)
 Semi Pro (Legend) Pro (Legend) Masters (Legend)

Rookie: Yes No

*If Yes, which series: Oval Road Course

Body Style (if Legend Car): _____

INEX #: _____ Transponder #: _____

Sponsors: _____

Car Owner: _____

I verify all of the above information is true and to the best of my knowledge

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____
(If participant is 18 & under)



ONLINE ACCOUNT REQUEST FORM

Please do not fill this out if you have already raced at NHMS in the 2019 season; this is for new accounts only

Name: <small>(if driver is under 18 parent or legal guardian's name)</small>	Birthdate:	Car Number:
Type of Vehicle:	LEGEND CAR <input type="checkbox"/>	
	BANDOLERO <input type="checkbox"/>	
Street Address:		
City:	State:	Zip:
Home Phone:	Daytime Phone (Cell; if different):	
Email:		
<p>Please fill out this form and return to Ryan Ux in order for an online account to be arranged for your entry. Be sure to have a current email address and phone number so that he can send you the confirmation of your account along with your username and password. Any questions or concerns, please contact Ryan at one of the following:</p>		
<p>Email: kleonard@nhms.com Fax: (603) 783-8323 Phone: (603) 513-5757</p>		
FOR NHMS USE ONLY		
Username:	Password:	
Set up by:	Date Account Set Up:	
Driver Notified:	Notes:	

CAR NUMBER REGISTRATION

The 2019 Season will have several cars competing and for proper Timing & Scoring, we must coordinate accordingly so that there are no conflicts with car numbers. Car Numbers will be on a FIRST COME, FIRST SERVE basis! Having an INEX Membership does not guarantee a car number. A confirmation email will be sent out to all drivers & teams with their 2019 Car Number.

****Returning participants will have the rights to their number until March 22rd, 2019. If your packet is not submitted by March 22rd, 2019, your car number will be available to another participant who wishes to have that number****

Name: _____

Car Class: Legend Car Bandolero

Car Number:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Signature: _____ Date: _____



CAR #:

(For Official Use Only)

2019 Medical & Emergency Contact Form

Last name: _____ First name: _____ MI: _____

Physical address: _____

Mailing same as physical? Yes OR No

Mailing address: _____

Home phone: _____ Cell: _____

Email: _____

Date of birth: _____ Last Tetanus shot: _____

Allergies: _____

Regular medications: _____

Medical problems: _____

(Example: heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past 5 years: _____

Please circle all that apply: Contact lenses Glasses Dentures Other: _____

Are you an organ donor? Yes OR No Specific organs? _____

Do you have medical insurance? Yes OR No

If yes company name: _____ Policy #: _____

Emergency contact:

Last name: _____ First name: _____ MI: _____

Physical address: _____

Contact phone number: _____ secondary: _____

Relationship: _____ Present during events? Yes OR NO



CAR #:

2019 Driver Biography Form

Driver Name: _____ Nickname(s): _____

Date of Birth: _____ Age: _____ Driver Number: _____

Residence (City & State): _____

Home Town (City & State): _____

Car Year, Make, Model: _____

Primary Sponsor(s): _____

Additional Sponsor(s): _____

Where/When did you start racing? _____

Last Season's Accomplishments? _____

Racing History: _____

Victories/Championships: _____

Tell us something interesting about yourself: _____