Racers, Family and Friends,

The 2019 season is officially over and soon before we know it, the first race of the 2020 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 with NELCAR.

Prior to the start of the 2020 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)
This form is required to be filled out by all participants (or parent/guardian) in order to receive payouts. Failure to do so will result in no payout following race event(s).

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**W-9 FORM**

*Request for Taxpayer Identification Number and Certification*

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>Check appropriate box for federal tax classification: [ ] individual/sole proprietor [ ] C Corporation [ ] S Corporation [ ] Partnership [ ] Trust/estate [ ] Exempt payee</td>
</tr>
<tr>
<td>Limited liability company: Enter the tax classification (C=C corporation, S=S corporation, P=partnership)</td>
</tr>
<tr>
<td>Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>Requester’s name and address (optional)</td>
</tr>
<tr>
<td>List account numbers (if any)</td>
</tr>
</tbody>
</table>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the “Name” line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Social security number**

**Employer Identification number**

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

**Sign Here**

Signature of U.S. person

Date
<table>
<thead>
<tr>
<th>Notes:</th>
<th>Driver Notified:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Date Account Set Up:</th>
<th>Set Up By:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**FOR NHMS USE ONLY**

Email: [racing@nhms.com](mailto:racing@nhms.com)  Fax: (603) 783-8323  Phone: (603) 513-5757

Please fill out this form and return to Ryno in order for an online account to be arranged for your entry. Be sure to have a current email and phone number so that we 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:

1. Email: [racing@nhms.com](mailto:racing@nhms.com)
2. Home Phone:
3. Cell Phone (if different):
4. Zip:
5. City:
6. State:
7. Street Address:

☐ Bandolero  ☐ Legend Car

Type of Vehicle:

☑ Driver is under 15

Bar Number:  

Birthdate:  

Name:  

Please do not fill this out if you have already raced at NHMS in the 2019 season; this is for new accounts only.
The 2020 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 2020 Car Number.

**Returning participants will have the rights to their number until March 20th, 2020. If your packet is not submitted by March 20th, 2020, 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: _______________
2020 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
2020 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: ____________________________________________

________________________________________________________