



2023 COMPETITION PACKET

Racers, family and friends,

Before we know it, the first race of the 2023 season will be here, and we are more than excited to have another action-packed season with the Legend Cars at New Hampshire Motor Speedway.

Prior to the start of the 2023 season, we ask that you please fill out this Competition Packet completely. It is mandatory that all participants fill out this packet prior to his or her first race at NHMS. All of the following forms must be filled out completely:

- □ Driver Profile
- □ W-9 Form
- □ Car Number Registration
- □ Medical Contact Form
- □ Driver Bio

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

PLEASE MAIL or EMAIL ALL COMPLETED FORMS TO:

JLembo@NHMS.com or MDufresne@NHMS.com

New Hampshire Motor Speedway Attn: Granite State Legends Cars P.O. Box 7888 Loudon, N.H. 03307-7888

We look forward to seeing you at the track!

Thanks,

Granite State Legends Cars

DRIVER PROFILE

Name:			_ DOB:	
Address:				
City/Town: _		State:	Zip:	
Home Phone:		Cell Phone:	Work Phone:	
Email Addre	ess:			
Car Class:	Legend Car	ar an	iner mer har iner nær nær nær nær nær iner nær nær nær nær nær nær nær nær nær næ	- 1 mai - 1 m
Division (Ch	eck One)			
□ Bandit	(Bandolero)	□ Outlaw (Bandolero)	□ Young Lion (Legend)	
🗆 Semi P	ro (Legend)	□ Pro (Legend)	□ Masters (Legend)	
Rookie:	Yes	No		
Body Style (i	f Legend Car):		
INEX #:		Transpond	ler #:	
Sponsors:				
Car Owner:				
4 - 100	100 100	nne me en e en e me e me e me e me e me	r ne raverne r	- 1 100 - 100 - 100 - 100 - 100 - 100
	I verify all of	the above information is tru	e and to the best of my knowledge	
Participant S	Signature:		Date:	
Parent/Guar	dian Signatur	·e:		

(If participant is under 18)

W-9 FORM

This form is required by all participants (or parent/guardian) in order to receive payouts. Failure to do so will result in no payout following race event(s).

Form W-9 (Rev. January 2011) Department of the Treasury Internal Revenue Service		Identification Number and Certification		Give Form to the requester. Do not send to the IRS.	
Name (as shown on your Income tax return)					
ge 2.	Business name/disr	egarded entity name, if different from above			
8	Check appropriate I	pox for federal tax			
sor	classification (requir	ed): Individual/sole proprietor C Corporation S Corporation	Partnership Trust/es	tate	
Print or type See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)				
nin 9	Other (see Ins	ructions) ►			
_ cifi	Address (number, s	reet, and apt. or sulte no.)	equester's name and address	(optional)	
8					
e S	City, state, and ZIP	code			
ŏ					
	List account number(s) here (optional)				
Par	Taxpay	er 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 <i>How to get a</i> <i>TIN</i> on page 3.					
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. Employer Identification number			Employer Identification	on number	
Part	Certific	ation			

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

- 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	Signature of U.S. person ►	
Here	U.S. person 🕨	Date ►

CAR NUMBER REGISTRATION

The 2023 season will have several cars competing. For proper timing and scoring, we must coordinate so there are no conflicts with car numbers. *Car numbers will be given out on a FIRST COME, FIRST SERVED basis!* Having an INEX membership does not guarantee a car number. A confirmation email will be sent out to all drivers and teams with their 2023 car number.

Returning participants will have the first rights to their number until March 13, 2023. If your packet is not submitted by March 13, 2023, your car number will be available to another participant who wishes to have that number.

Name:		
Car Class: Legend Car	Bandolero	
Car Number:		
1 st Choice:		
2 nd Choice:		
3 rd Choice:		
Signature:		Date:



CAR #:

(For Official Use Only)

2023 Medical & Emergency Contact Form

Last name:	First name:	MI:			
Physical address:					
Mailing same as physical? Yes OF	R No				
Mailing address:					
Home phone:	Cell:				
Date of birth:	te of birth: Last Tetanus shot:				
Allergies:					
Regular medications:					
Medical problems:					
(Example: heart disease, high bloc	od pressure, kidney disease, diabetes, etc	.)			
Please list all major surgeries in th	e past 5 years:				
Please circle all that apply: Contac	ct 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 even	ts? Yes OR NO			



2023 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?			
Racing History:			
Victories/Championships:			
Tell us something interesting about			