



2024 COMPETITION PACKET

Racers, Family and Friends,

The 2023 season is officially over and soon before we know it, the first race of the 2024 season will be right around the corner. 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 2024 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)
- $\square \quad W-9 \text{ Form (MANDATORY)}$
- □ 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 or EMAIL ALL COMPLETED FORMS TO:

JLembo@nhms.com

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,

Granite State Legends Cars

DRIVER PROFILE

Name:		DOB:		
Address:				
City/Town:	State:	Zip:		
Home Phone:	Cell Phone:	Work Phone:		
Car Class: Legend Car			(100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 1	
Division (Check One)				
□ Bandit (Bandolero)	□ Outlaw (Bandolero)	□ Young Lion (Legend)		
□ Semi Pro (Legend)	\Box Pro (Legend)	□ Masters (Legend)		
Rookie: Yes	No			
Body Style (if Legend Ca	r):			
INEX #:	Transpond	ler #:		
Sponsors:				
Car Owner:				
I verify all of	f the above information is tru	e and to the best of my knowledge		
Participant Signature:		Date:		

W-9 FORM

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).

Depart	Form W-9 Request for Taxpayer (Rev. January 2011) Department of the Treasury Internal Revenue Service			reque	Give Form to the requester. Do not send to the IRS.			
	Name (as shown or	your Income tax return)			-			
N	Business name/dis	Business name/disregarded entity name, if different from above						
ge								
8	Check appropriate	box for federal tax						
pe ons or	classification (requi	classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate						
Print or type See Specific Instructions on page	Limited liabilit	y company. Enter the tax classification (C=C corporation, S=S corporation, P=pa	artnership) 🕨			_ Exemp	ot payee	
ins in	Other (see Ins	tructions) >						
щ į		treet, and apt. or suite no.)	Reque	ster's name and add	ess (optiona	1)		
ě								
ิริ	City, state, and ZIP	code	_					
Se								
	List account number(s) here (optional)							
Pa	t Taxpa	/er Identification Number (TIN)						
		propriate box. The TIN provided must match the name given on the "N	ame" line	Social security n	Imber			
to ave	oid backup withhol	ding. For individuals, this is your social security number (SSN). However	er, 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								
T/N on page 3. Note If the account is in more than one name, see the chart on page 4 for guidelines on whose Employer identification number								
	If the account is if er to enter.	more than one name, see the chart on page 4 for guidelines on whos	e	Employer Identiti	adon name			
TIGHTIG	or to ontor.			-				
Dor	Cortifi	ation						
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								
 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		
Here	U.S. person >	Date ►	

CAR NUMBER REGISTRATION

The 2024 Season will have several cars competing and for proper Timing & Scoring, we must coordinate accordingly so that there are no conflicts with car numbers. <u>*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 2024 Car Number.</u>

Returning participants will have the rights to their number until April 30th 2024. If your packet is not submitted by April 30th 2024, 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 Ch				
2 nd C	hoice:	-		
3 rd Cl	hoice:			
Signature: _			Date:	



CAR #:

(For Official Use Only)

2024 Medical & Emergency Contact Form

Last name:	First name:	MI:		
Physical address:				
Mailing same as physical? Yes Ol	R No			
Mailing address:				
Home phone:	Cell:			
Date of birth:	Last Tetanus sho	ot:		
Allergies:				
Regular medications:				
Medical problems:				
(Example: heart disease, high bloc	od pressure, kidney disease, diabetes, etc.)		
Please list all major surgeries in th	ne past 5 years:			
Please circle all that apply: Conta	ct lenses Glasses Dentures Other:			
Are you an organ donor? Yes OR	No Specific organs?			
Do you have medical insurance?	Yes OR No			
f yes company name: Policy #:				
Emergency contact:				
Last name:	First name:	MI:		
Physical address:				
Contact phone number:	secondary:			
Relationship:	Present during event	s? Yes OR NO		

CAR #:



2024 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? _			
Tell us something interesting about y	ourself:		