

Series:

Car #:

(For Office Use Only)



2025 Competition Entry Packet

Racers, Family, and Friends,

The 2024 season is officially over and soon, before we know it, the first race of the 2025 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 2025 season (or your first race), 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. Please note the following forms that are required to be filled out. Any required information that is not filled out, may hinder the participants abilities to race.

Driver Profile **(REQUIRED)**

Car Information & Number Registration **(REQUIRED)**

Tax Form - W9 (US Residents) or W8 (Foreign Residents)

(REQUIRED) Medical Form & Emergency Contact **(REQUIRED)**

Driver Biography

Once all required forms and information is filled in, please sign in the proper location and click on the "SUBMIT" button to email the form to **JLembo@nhms.com**. If you are unable to fill the form out online or email it, please print it out and mail it to:

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

If you have any issues with the registration process, please reach out to Joey Lembo at JLembo@nhms.com or by phone (603)-513-5725.

We look forward to seeing you all at the track!

Thanks,
Granite State Legends Cars

Series:
Car #:



DRIVER PROFILE

NAME:

DATE OF BIRTH:

ADDRESS:

CITY/TOWN:

STATE:

ZIP CODE:

PHONE NUMBER:

EMAIL ADDRESS

CAR INFORMATION

CAR CLASS:

DIVISION:

CHECK FOR ROOKIE:

TRANSPONDER NUMBER(IF YOU OWN YOUR OWN TRANSPONDER):

SELECT TO RENT A TRANSPONDER:

INEX #:

BODY STYLE (If Legend Car):

SPONSORS:

CAR OWNER:

CAR # REGISTRATION: The 2025 season will have several cars competing and for proper timing and 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 to all drivers and teams with their 2025 car number.

*****Returning participants will the rights to their previous years number until April 30th, 2025. If your competition packet is not submitted by April 30th, 2025, your car number will be available to any other participant who wishes to have that number.***

Car Class:	1st Choice	2nd Choice	3rd Choice
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TAX FORM (W9/W8 Form): Please select proper form from drop down menu below. This form must be filled out to receive purse payouts.

Series:
Car #:



MEDICAL FORM & EMERGENCY CONTACT FORM

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: (If different from Physical address) _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Last Tetanus Shot: _____

Allergies: _____

Regular Medications: _____

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

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

Please choose all that apply: ☐ Contact Lenses ☐ Glasses ☐ Dentures
☐ Other: _____

Are you an organ donor? ☐ NO / ☐ YES If yes, specific organs? _____

Do you have medical insurance? ☐ NO / ☐ YES

If yes, Insurance Company Name: _____ Policy #: _____

Emergency Contact:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Contact Phone Number: _____ Secondary: _____

Relationship: _____ Are they present during events? ☐ Yes / ☐ No

Series:
Car #:



DRIVER BIOGRAPHY (OPTIONAL)

NICKNAMES:
HOMETOWN (CITY/STATE):
CAR YEAR, MAKE, MODEL:
PRIMARY SPONSOR(S):

ADDITIONAL SPONSORS:

RACING HISTORY:

PREVIOUS ACCOMPLISHMENTS (VICTORIES, CHAMPIONSHIPS, ETC.):

TELL US SOMETHING INTERESTING ABOUT YOURSELF:

By signing below, I certify that i have filled out the form(s) fully and to the best of my ability. I understand incomplete forms may hinder the process and/or access into the event facility.

Participant Signature: _____

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