



# 2024 Dirt Duels Entry Packet

## ***Deadline for Entry: Friday, June 14, 2024***

### INSTRUCTIONS

1. Incomplete, illegible or incorrect packets will be returned. All forms below (entry form, medical form, driver bio, waiver(s) and W-9) must be completed for entry to be considered complete. Please print the forms below single-sided.

*Note: If the participant is a minor, the Minor Waiver must also be completed, notarized and on file with New Hampshire Motor Speedway prior to the event.*

2. Please type or print the information in the blank spaces provided clearly and precisely. Our inability to read the forms may result in misinformation in entries. Do not abbreviate city names.
3. Ensure NHMS has your complete personal information including name, address, phone number (day and night), email address and date of birth.
4. Please select the series you are entering and provide your car number. Car numbers will be issued on a first come first served basis. In the event multiple cars enter with the same number, a letter(s) will be assigned to differentiate the cars/drivers (i.e. 8ma, 8nh, etc.). **Transponder Numbers if you have your own.**
5. Entry fees are as follows:
  - Car entry fee: \$50/car
  - Pit pass: \$40/person (now through June 14, 2024) | \$45/person (after June 14, 2024)

All persons entering the pit area must sign an Adult Waivers at check in, or if the person is under the age of 18, a Minor Waiver must be executed and returned with packet.

6. Timing and Scoring: NHMS uses MyLaps timing and scoring. If you own an AMB transponder, please provide the number for timing and scoring. If you do not have a transponder, then one will be assigned to you for pick-up the day of the event. Failure to return the transponder at the end of the event will result in a \$500 replacement fee.
7. All driver's communications will be done via Frequency number 456.7625. (see attached instructions)
8. Purse: Please find information below.

**Completed entry packets must be received by Friday, June 14, 2024 via email to [MDufresne@NHMS.com](mailto:MDufresne@NHMS.com) or mail:**

Operations – Dirt Duels  
PO Box 7888  
Loudon, NH 03307

**NHMS will contact you for payment. If paying by check, please make checks payable to NHMS. Entries received by fax will not be accepted.**



<b>XDMA Purse</b>			
Position	Amount	Position	Amount
1st	\$3,000	10 <sup>th</sup>	\$250
2 <sup>nd</sup>	\$1,500	11 <sup>th</sup>	\$225
3 <sup>rd</sup>	\$750	12 <sup>th</sup>	\$200
4 <sup>th</sup>	\$500	13 <sup>th</sup>	\$200
5 <sup>th</sup>	\$400	14 <sup>th</sup>	\$200
6 <sup>th</sup>	\$350	15 <sup>th</sup>	\$200
7 <sup>th</sup>	\$325	16 <sup>th</sup>	\$200
8 <sup>th</sup>	\$300	17 <sup>th</sup>	\$200
9 <sup>th</sup>	\$275	18 <sup>th</sup>	\$200
		<b>Total</b>	<b>\$9275</b>

<b>SCONE Purse</b>			
Position	Amount	Position	Amount
1st	\$3,000	10 <sup>th</sup>	\$250
2 <sup>nd</sup>	\$1,500	11 <sup>th</sup>	\$225
3 <sup>rd</sup>	\$750	12 <sup>th</sup>	\$200
4 <sup>th</sup>	\$500	13 <sup>th</sup>	\$200
5 <sup>th</sup>	\$400	14 <sup>th</sup>	\$200
6 <sup>th</sup>	\$350	15 <sup>th</sup>	\$200
7 <sup>th</sup>	\$325	16 <sup>th</sup>	\$200
8 <sup>th</sup>	\$300	17 <sup>th</sup>	\$200
9 <sup>th</sup>	\$275	18 <sup>th</sup>	\$200
		<b>Total</b>	<b>\$9275</b>



GSMS 600	
1	\$ 1,250.00
2	\$ 650.00
3	\$ 500.00
4	\$ 300.00
5	\$ 200.00
6	\$ 100.00
7	\$ 100.00
8	\$ 100.00
9	\$ 100.00
10	\$ 100.00
11	\$ 50.00
12	\$ 50.00
13	\$ 50.00
14	\$ 50.00
15	\$ 50.00
16	\$ 50.00
17	\$ 50.00
18	\$ 50.00
19	\$ 50.00
20	\$ 50.00
21	\$ 50.00
22	\$ 50.00
23	\$ 50.00
24	\$ 50.00
25	\$ 50.00
	\$ 4,150.00

GSMS 500	
1	\$ 750.00
2	\$ 500.00
3	\$ 300.00
4	\$ 250.00
5	\$ 200.00
6	\$ 100.00
7	\$ 100.00
8	\$ 100.00
9	\$ 100.00
10	\$ 100.00
11	\$ 50.00
12	\$ 50.00
13	\$ 50.00
14	\$ 50.00
15	\$ 50.00
16	\$ 50.00
17	\$ 50.00
18	\$ 50.00
19	\$ 50.00
20	\$ 50.00
21	\$ 50.00
22	\$ 50.00
23	\$ 50.00
24	\$ 50.00
25	\$ 50.00
	\$ 3,250.00



<p><b>SERIES:</b></p> <p><b>CAR #:</b></p> <p>(For NHMS use only)</p>
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**DRIVER PROFILE**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Car Number: \_\_\_\_\_

Transponder Number: \_\_\_\_\_

\*\*\*\*\*

**Car Class (Choose One):**

\_\_\_\_\_ Xtreme Dirt Midget Association      \_\_\_\_\_ Sprint Cars of New England

\_\_\_\_\_ Granite State Mini Sprints ( \_\_\_\_\_ 500 / \_\_\_\_\_ 600)

\*\*\*\*\*

*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)



**SERIES:**

**CAR #:**

(For NHMS use only)

## 2024 MEDICAL FORM & EMERGENCY CONTACT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing 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?  Yes /  No If yes, specific organs? \_\_\_\_\_

Do you have medical insurance?  Yes /  No

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 #:**

**(For NHMS use only)**

## 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? \_\_\_\_\_

\_\_\_\_\_

Last Season's Accomplishments? \_\_\_\_\_

\_\_\_\_\_

Racing History: \_\_\_\_\_

\_\_\_\_\_

Previous Victories/Championships: \_\_\_\_\_

\_\_\_\_\_

Tell us something interesting about yourself: \_\_\_\_\_

\_\_\_\_\_



SERIES:

CAR #:

(For NHMS use only)

W-9 FORM

W-9

Form (Rev. January 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your Income tax return)
Business name/disregarded entity name, if different from above
Check appropriate box for federal tax classification (required): Individual/sole proprietor, C Corporation, S Corporation, Partnership, Trust/estate, Exempt payee, Limited liability company, Other (see Instructions)

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 grid

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 grid

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



**SERIES:**

**CAR #:**

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## MINOR WAIVER PART 1 (PERSONS UNDER THE AGE OF 18 ONLY)

### **PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), I agree:

1. I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, and/or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
3. I consent to the Minor's participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO ME, THE MINOR, my and the minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
5. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the "Releasees" named above, I AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I sign this agreement on my own behalf and on behalf of the Minor.

**I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.**

**I HAVE READ THIS RELEASE**

SIGNATURE OF PARENT OR GUARDIAN      PRINTED NAME OF PARENT OR GUARDIAN      DATE

**I HAVE READ THIS RELEASE**

SIGNATURE OF PARENT OR GUARDIAN      PRINTED NAME OF PARENT OR GUARDIAN      DATE

**I HAVE READ THIS RELEASE**

SIGNATURE OF WITNESS      PRINTED NAME OF WITNESS      NAME and AGE OF MINOR PARTICIPANT





SERIES:

CAR #:

(For NHMS use only)

## MINOR WAIVER PART 2 (PERSONS UNDER THE AGE OF 18 ONLY)

### MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S) DATE RELEASE SIGNED

I have obtained my parent's consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

- Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).
- I understand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
- I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, and/or the **NEGLIGENCE** of others, including those persons responsible for conducting the event(s).
- I HEREBY ASSUME ALL SUCH RISKS, EVEN IF THE RISKS ARE CREATED BY THE **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees."
- I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE, ALL OF THE RELEASEES FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the **NEGLIGENCE** of the Releasees or otherwise.

**I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

I HAVE READ THIS RELEASE

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

I HAVE READ THIS RELEASE

WITNESS

PRINTED NAME OF WITNESS



**SERIES:**

**CAR #:**

(For NHMS use only)

CAR, DRIVER & PIT PASS CHECKOUT FORM

Car Entry Number of Cars \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

Pit Passes Number of Pit Passes \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

*\*Note: Pit passes purchased after June 14, 2024 will be \$45 each\**

Total: \$ \_\_\_\_\_

Pit Pass Name List


**Payment Info**

Team Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



## 2024 Dirt Duels Schedule

<u>Start Time</u>	<u>Description</u>
1:00PM	Pit Gates Open for Competitor Access
4:00PM	Ticket Booth Open
4:30PM	Ticket Gates Open
4:40PM	Rolling Practice <b>(3 minutes per group)</b> GSMS 500s Group 1 GSMS 500s Group 2 DMA Group 1 DMA Group 2 DMA Group 3 GSMS 600s Group 1 GSMS 600s Group 2 GSMS 600s Group 3 SCoNE Group 1 SCoNE Group 2 SCoNE Group 3
5:15PM	Track Prep (If Necessary)
	<b>Heat Races</b>
5:25PM	GSMS 500s Heat 1 (8 Laps) GSMS 500s Heat 2 (8 Laps) DMA Heat 1 (8 Laps) DMA Heat 2 (8 Laps) DMA Heat 3 (8 Laps) Track Prep (If Necessary) GSMS 600s Heat 1 (8 Laps) GSMS 600s Heat 2 (8 Laps) GSMS 600s Heat 3 (8 Laps) SCoNE Heat 1 (8 Laps) SCoNE Heat 2 (8 Laps) SCoNE Heat 3 (8 Laps)
6:20PM	DMA B Feature (8 Laps if Necessary) SCoNE B Feature (8 Laps if Necessary)
6:35PM	SCC SCHOOL BUS RIDES Track Prep (Turn on Lights)
6:55PM	GSMS cars roll onto front stretch, Driver Intros In Car
7:00PM	<b>Pre-Race Ceremonies</b> Invocation National Anthem
7:10PM	GSMS 500 Feature (20 Laps) GSMS Victory Lane DMA cars roll onto front stretch, Driver Intros In Car DMA Feature (30 Laps) DMA Victory Lane GSMS cars roll onto front stretch, Driver Intros In Car GSMS 600 Feature (20 Laps) GSMS Victory Lane Track Prep (If Necessary) SCoNE cars roll off, Driver Intros during pace laps SCoNE Feature (30 Laps) SCoNE Victory Lane
9:10PM	Dirt Track Post Race Fireworks
9:15PM	Draw The Line (Aerosmith Tribute) on The Flat Track Concert Stage



## Channel Frequency/Instructions:

All race official to driver communication will be through frequency:  
**456.7625**

Race Receiver:



Racing Electronics:



### **BASIC OPERATION**

TO TURN UNIT ON OR OFF. PRESS AND HOLD BUTTON **1** FOR 5 SECONDS

TO INCREASE OR DECREASE VOLUME PRESS BUTTONS **2** OR **3**

### **CHANGE CHANNELS**

PRESS & HOLD BUTTON **4** UNTIL DISPLAY BLINKS  
PRESS BUTTON **1** TO ADVANCE 100 CHANNELS AT A TIME

PRESS & HOLD BUTTONS **2 3** TO INCREASE OR DECREASE FREQUENCY BY ONE

PRESS BUTTON **4** TO LOCK CHANNEL