(For Office Use Only)



## 2025 Dirt Duels Entry Packet

#### Deadline for Entry: Friday, September 12, 2025

#### **INSTRUCTIONS**

- 1. Incomplete, illegible or incorrect packets will be returned. All required sections and forms (Driver Profile, Car Information, Medical Form, and W-9) must be completed for entry to be considered complete. If you can not fill the forms out online, please print the forms below single-sided, and mail the completed forms to the address listed below
- 2. Please type the information in the blank spaces provided. 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.). Please include **transponder numbers IF YOU HAVE YOUR OWN.** If you do not own a transponder, please click the checkbox next to "Select to rent a transponder".
- 5. 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.
- 6. Entry fees are as follows:
  - Car entry fee: \$50/car
  - Pit pass: \$40/person (now through Sept. 12, 2025) | \$45/person (after Sept. 12, 2025)
- 7. All driver's communications will be done via Frequency number 456.7625.
- 8. 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. 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.

Completed entry packets must be received by Friday, Sept. 12, 2025 via email to 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.

If you have any issues with the registration process, please reach out to Mary Dufresne by phone (603) 513-5734 or by email mdufresne@nhms.com.

Serie	s:
Car	#:



## **DRIVER PROFILE**

NAME: DATE OF BIRTH:			
ADDRESS:			
CITY/TOWN:	STATE:	ZIP CODE:	
PHONE NUMBER:			
EMAIL ADDRESS	1987   1987   1988   1988   1988   1988   1988   1988   1988   1988   1988   1988   1988   1988   1988   1988	1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	i 1000 i 100
CAR INFORMATION			
DIVISION:			
CAR #:	If registering m	ultiple cars, please contact (603	3)-513-5734
TRANSPONDER NUMBER(IF YOU OW	VN YOUR OWN TRANS	PONDER):	
SELECT TO RENT A TRANSPONDER	:		
DRIVER BIOGRAPHY (OPTIONAL)	90   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	(1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904 (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904	( 1880
NICKNAMES: HOMETOWN (CITY/STATE): CAR YEAR, MAKE, MODEL: PRIMARY SPONSOR(S):			
ADDITIONAL SPONSORS:			
RACING HISTORY:			
PREVIOUS ACCOMPLISHMENTS (V	ICTORIES, CHAMP	IONSHIPS, ETC.):	
TELL US SOMETHING INTERESTING	G ABOUT YOURSEL	F:	



#### **MEDICAL FORM & EMERGENCY CONTACT FORM**

Last Name:	First Name:	MI:
Physical Address:		
Mailing Address: (If different from Ph	ysical address <u>)</u>	
Home Phone:	Cell Phone:	
Date of Birth:	Last Tetanus S	Shot:
Allergies:		
Regular Medications:		
Medical Conditions: (Example: heart of	disease, high blood pressure, kio	dney disease, diabetes, etc.)
Please list all major surgeries in the pa	ast five years:	
Please choose all that apply:Cont Other:	act LensesGlassesC	Dentures
Are you an organ donor?NO /	_YES If yes, specific organs?	
Do you have medical insurance?N	NO /YES	
If yes, Insurance Company Name:		Policy #:
Emergency Contact:		
Last Name:	First Name:	MI:
Physical Address:		
Contact Phone Number:		
Relationshin:	Are they preser	nt during events? Yes / No



# CAR, DRIVER & PIT PASS CHECKOUT FORM

Car Entry fee(Pe	r Car)\$50.00 = \$50.00_	(Total)
Number of Pit Passes	x \$40.00 = \$	(Total)
	Grand Total \$	
If entering multiple cars, plea	se call Mary Dufresne (603) 5	13-5734
ors and adults must pay to enter the p	it area. See last page for link	
List: (Please list age next to anyone 1	7 years old or younger)	
	<del></del>	
	<del></del>	
	<del></del>	
Contact Info		
act Name:		
ber:		
	Number of Pit Passes  If entering multiple cars, pleasures a wristband. Driver Wristors and adults must pay to enter the passes purchased after September 12, 2021.  List: (Please list age next to anyone 1)  Contact Info  act Name:	If entering multiple cars, please call Mary Dufresne (603) 5  UST purchase a wristband. Driver Wristband is NOT included with Cors and adults must pay to enter the pit area. See last page for link sees purchased after September 12, 2025 will be \$45 each*  List: (Please list age next to anyone 17 years old or younger)

<u>Tax Form (W9/W8 Form):</u> Please select proper form from drop down menu below. This form must be filled out to recieve purse payouts.



New Hampshire Motor Speedway Minor Waiver Policy and form can be found here: https://www.nhms.com/events/track-policies/

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*Please note, if you are bringing a minor waiver form with you, it MUST BE NOTORIZED, it will not be accepted otherwise.
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)