



2025 COMPETITION 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, 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**)
- W-9 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

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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: _____

Email Address: _____

Car Class: Legend Car Bandolero Car

Division (Check One)

- Bandit (Bandolero) Outlaw (Bandolero) Young Lion (Legend)
 Semi Pro (Legend) Pro (Legend) Masters (Legend)

Rookie: Yes No

Body Style (if Legend Car): _____

INEX #: _____ Transponder #: _____

Sponsors: _____

Car Owner: _____

I verify all of the above information is true 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).

Form W-9 (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.
	Name (as shown on your Income tax return)		
	Business name/disregarded entity name, if different from above		
Print or type See Specific Instructions on page 2.	Check appropriate box for federal tax classification (required):		
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____		
	<input type="checkbox"/> Other (see Instructions) ▶ _____		
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code			
List account number(s) here (optional)			
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 <i>How to get a TIN</i> on page 3.		Social security number	
		[][][] - [][] - [][][][][][][][]	
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	
		[][][] - [][][][][][][][][][]	
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 ▶

CAR NUMBER REGISTRATION

The 2025 Season will have several cars competing and for proper Timing & 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 out to all drivers & teams with their 2025 Car Number.

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

Name: _____

Car Class: Legend Car Bandolero

Car Number:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Signature: _____ Date: _____



<p>CAR #:</p> <p>(For Official Use Only)</p>

2025 Medical & Emergency Contact Form

Last name: _____ First name: _____ MI: _____

Physical address: _____

Mailing same as physical? Yes OR No

Mailing address: _____

Home phone: _____ Cell: _____

Date of birth: _____ Last Tetanus shot: _____

Allergies: _____

Regular medications: _____

Medical problems: _____

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

Please list all major surgeries in the past 5 years: _____

Please circle all that apply: Contact 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 events? Yes OR NO



CAR #:

2025 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: _____

Victories/Championships: _____

Tell us something interesting about yourself: _____