



2024 ROOKIE REGISTRATION FORM

(Fill Out Completely -- Type or Print Legibly)

Driver's Legal Name _____ Jacket Size _____

Cell Phone _____ Alternate Phone _____

E-Mail Address _____

Car Owner _____

Phone _____

Place your car # in the CNS Racing Division you are registering as a 2024 Rookie.

SLM # _____ LM# _____ PT# _____

GAM# _____ SS# _____ F8# _____ PS # _____

LEG# _____

RACING EXPERIENCE / DIVISION/ WHERE COMPLETED/ YEARS RACING

I hereby state that the above information is true and accurate to the best of my knowledge. Any misrepresentation of the above may result in a fine and/or suspension.

Signature _____ Date _____

Parent or Guardian Signature if under 21 _____