



**2026 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: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Mark all Divisions in which you have previously competed:

SLM ☐ PT ☐ LM ☐ GAM ☐ SS ☐ PS ☐ F8 ☐ LEG ☐ BD ☐ OTHER: \_\_\_\_\_

Place your car # in the CNS Racing Division you are registering as a 2026 Rookie

SLM # \_\_\_\_\_ PT# \_\_\_\_\_ LM# \_\_\_\_\_ GAM# \_\_\_\_\_

SS# \_\_\_\_\_ PS # \_\_\_\_\_ F8# \_\_\_\_\_ 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 \_\_\_\_\_