



# 2020 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 2019 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 \_\_\_\_\_