

Mail to:
Thompson Registration
PO BOX 1002
Barre, VT, 05641



2024 NUMBER REGISTRATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY.

NUMBER REQUESTED: _____ NUMBER ASSIGNED: _____
(Office Use Only)

THE CAR OWNER HAS THE RIGHTS TO THE CAR NUMBER LISTED ON THIS FORM.

CHECK DIVISION: [] 604 Modified [] ACT Late Model [] Street Stock [] SK Light Mod [] Mini Stock

PURSE IS PAID TO: (Check one) [] OWNER [] DRIVER

Payees Name _____ SS# or Tax ID # : _____

DRIVER INFORMATION AND PROFILE

DRIVER LEGAL NAME: _____ DATE OF BIRTH ____/____/____

RACING NAME (If Different) _____

HOMETOWN (If Different from Mailing Address) _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS E-MAIL ADDRESS _____

TELEPHONE: DAY (____) _____ NIGHT (____) _____ CELL (____) _____

CHECK HERE TO APPLY FOR 2024 ROOKIE STATUS: []

*To be granted Rookie consideration, a driver cannot have competed in more than five (5) races in your selected or higher division at Thompson Speedway Motorsports Park. Prior experience in other divisions and other tracks will be taken into consideration.

CAR OWNER INFORMATION

CAR OWNER: _____ DATE OF BIRTH ____/____/____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: DAY (____) _____ NIGHT (____) _____ CELL (____) _____

OWNER E-MAIL ADDRESS _____

MAIN SPONSOR _____ SECONDARY SPONSOR _____

Please Notify the ACT OFFICE of any Changes in the Above Information.

Email: media@acttour.com

Phone: (802) 244-6963 ext. 4

I ACKNOWLEDGE ON BEHALF OF MY TEAM AND ITS MEMBERS THAT WE HAVE READ AND UNDERSTAND THE RULES AND PROCEDURES OUTLINED FOR OUR DIVISION AT THOMPSON SPEEDWAY MOTORSPORTS PARK FOR THE 2024 SEASON.

SIGNED _____ TITLE _____ DATE ____/____/____

(Office Use Only) Received Date: _____