

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

or **Scan to:**
media@acttour.com



2026 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: ☐ Thompson Sunoco Modified ☐ ACT Late Model ☐ SK Light Modified
☐ Street Stock ☐ Thunderstock Crown Vic

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: _____
TELEPHONE: DAY (____) _____ NIGHT (____) _____ CELL (____) _____
DRIVER E-MAIL ADDRESS _____

CHECK HERE TO APPLY FOR 2026 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

Only Fill Out if Different from Driver

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 2026 SEASON.

SIGNED _____ TITLE _____ DATE ____/____/____

(Office Use Only) Received Date: _____