



2025 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 2025 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 _____