2024 Rookie Registration Form

Subission of this form indicates thatt I would like to be considered as a Rookie of the Year contender in my division (ACT Tour, weekly Thunder Road Late Model, Flying Tiger or Street Stock and weekly White Mountain Motorsports Park Late Model, Flying Tiger, Strictly Mini, or Dwarf) for the 2024 race season. I understand that I will receive either confirmation or denial of my rookie status in writing from the ACT office.

Please be sure to print legibly and complete all information:

DRIVER'S NAME:		DIVISION:	_CAR #:	(*)
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE	
PHONE (DAYS):		IINGS):		
CELL PHONE:	E-MAIL :			
CAR MAKE:	MODEL:	YEA	YEAR:	
TRACK(S)and/or SERIES Y	OU PLAN ON RUNNING:_			
PLEASE LIST YOUR PREV ETC. IF YOU HAVE NEVE	/IOUS RACING EXPERIEN R RACED BEFORE, PLEAS	CE INCLUDING TRAC SE INDICATE THAT AS	K(S), DIVISIC SWELL:	N(S),
PLE	EASE RETURN FORM AS SEND TO: ROOKIE RI P.O. BOX 1002 BARR	EGISTRATION		_

(*) Please note: Car numbers are issued by the ACT office. If you do not have confirmation of your number, please leave this space blank. Thank you!

FOR OFFICE USE ONLY:

APPROVED:

DENIED: