



## 2019 NHMS REGISTRATION FORM

\*Complete one form for each team/driver

Race Date: 7/19/19

### CAR OWNER INFORMATION

CAR OWNER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHASSIS BUILDER: \_\_\_\_\_ ENGINE TYPE: \_\_\_\_\_

MAIN SPONSOR: \_\_\_\_\_

SECONDARY SPONSOR: \_\_\_\_\_

CAR NUMBER: \_\_\_\_\_

### DRIVER INFORMATION

DRIVER NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**There is an administration fee of \$30.00 per team for this race.**

**All completed forms (1 per team) must be mailed back with payment to Mark Hann no later than 7/5/19.**

**Make check for \$30.00 per team payable to Mark Hann**

**Mail to:**

**Mark Hann  
6 Cobblestone Road  
East Granby CT 06026**

**Any questions, please call Mark @ (860) 256-5574 or email: [usacdma@usacdma.com](mailto:usacdma@usacdma.com)**