

**Glen Region SCCA, Inc.** presents **The Last Chance of 2002**  
 at Watkins Glen International Race Track ~ October 12, 2002  
 Held under the Sports Car Club of America's General Competition Rules and these Supplementals  
**SCCA Sanction #02-RS-107-P**

**DRIVER #2 or #3  
 ENDURO  
 ENTRY FORM**

**DRIVER #2 or #3 INFORMATION for ENDURO** (Please PRINT)

NAME:	Date of Birth:
ADDRESS:	CITY/ST/ZIP:
PHONE: ( )	EMAIL:
SCCA Member#:	Expiration Date:
Region of Record:	[ ] FIA; [ ] Nat'l; [ ] Reg'l; [ ] Novice Permit
<b>Emergency, Notify:</b>	Relation: Phone:
Your Primary Medical Insurance Carrier:	
<b>NAME OF DRIVER #1</b> (must submit payment with "DRIVER #1 ENTRY FORM")	

FOR OFFICIAL USE ONLY	
RACE GROUP	<b>ENDURO</b>
CAR NO.	
POSTMARK	
DATE REC'D	
AMT. REC'D	
POSTED	
COMMENTS	

Mail this  
**COMPLETED**  
 Enduro Entry Form To:

Glen Region SCCA, Inc.  
 Jerry Brown, Registrar  
 144 Moss Hill Road  
 Horseheads, NY 14845-9018

Express mail, FedEx, UPS  
 accepted only if  
**NO signature is required.**

**CAR INFORMATION for ENDURO** Please enter my car as follows (copy data in Medical and T&S sections):

MAKE/YEAR	COLOR	CLASS	Desired Car Number		
			1st	2nd	3rd

**DRIVER #2 or #3 SIGNATURES for ENDURO**

It is understood and agreed that the undersigned and the car described above are to compete according to the SCCA General Competition Rules and these Supplemental Regulations.

Signature/DRIVER	DATE:
Signature/ENTRANT	DATE:

**TIMING & SCORING for Enduro**

Class
Reg of Record
SCCA Mem. #
Driver #2 or #3 Name
City/State
Car Make/Yr
Car Color
Entrant/Sponsor
Xponder #

*Medical and T&S Data Required for Entry Acceptance!*

**DRIVER #2 or #3 MEDICAL INFORMATION for ENDURO**

NAME:	Date of Birth:
HOME ADDRESS:	City/St/Zip:
BLOOD TYPE:	ROUTINE MEDICATIONS:
LAST TETANUS SHOT:	DRUG ALLERGIES:
SPECIAL CONDITIONS (Diabetes, Hemophilia, Organ Donor, Contacts, etc.):	
CHANGES SINCE LAST PHYSICAL (Surgery, Accident, etc.):	
<b>In Case of Emergency, Notify:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Off Track Phone:</b> ( )
[ ] This person is with me. Location (Motel, camping, etc.):	
Your Primary Medical Insurance Carrier:	
Religious Preference:	<b>Entry Car Make/Yr.:</b> <b>Color:</b>

GROUP: ENDURO	CAR #:	← For Official Use Only →	GROUP: ENDURO	CAR #:
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