

**Glen Region SCCA, Inc.** presents **The Last Chance of 2002**  
 at Watkins Glen International Race Track ~ October 12 thru 13, 2002  
 Held under the Sports Car Club of America's General Competition Rules and these Supplementals  
**SCCA Sanction #02-RS-107-P**

**REGIONAL  
ENTRY FORM**

**DRIVER INFORMATION for REGIONAL** (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:	

**ENTRANT for REGIONAL** (If different from Driver)

NAME:	PHONE: ( )
ADDRESS:	
CITY/STATE/ZIP:	
SCCA Mem. #:	Major Sponsor:

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

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

**CREW INFORMATION for REGIONAL** (See Supplementals for Allowance)

Crew Names (list additional on reverse)	SCCA Mem. #	Crew License?	
1.		Yes	No
2.		Yes	No
3.		Yes	No

**ENTRY FEES for REGIONAL** (Make checks payable to **Glen Region SCCA, Inc.**)

<b>Regional Entry Fee:</b>	Postmark Deadline:	Midnight ~ October 2, 2002	<b>\$ 180.00</b>
<b>SRF Class only:</b>	Compliance Fee:	<b>Add \$10.00</b>	
<b>Late Entry Fee:</b>	Due after Postmark Deadline:	<b>Add \$50.00</b>	
<b>Garage Fee:</b>	<i>Requires separate check!</i>	<b>Add \$60.00</b>	
<b>Overcrew:</b>	Number over Allowance: _____	x \$10.00/each	
<b>TOTAL AMOUNT ENCLOSED:</b>			<b>\$</b>

FOR OFFICIAL
RACE GROUP
CAR NO.
POSTMARK
DATE REC'D
AMT. REC'D
POSTED
COMMENTS

Mail this  
**COMPLETED**  
Regional 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.**

**SIGNATURES for REGIONAL RACE**

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/ <b>DRIVER</b>	DATE:
Signature/ <b>ENTRANT</b>	DATE:

**TIMING & SCORING for Regn'l**

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

*Medical and T&S Data Required for Entry Acceptance!*  
**DRIVER MEDICAL INFORMATION for REGIONAL**

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