

Glen Region SCCA, Inc. presents **The Last Chance of 2002**
 at Watkins Glen International Race Track ~ October 10 thru 12, 2002
 Held under the Sports Car Club of America's General Competition Rules and these Supplementals
SCCA Sanction #02-DS-25-P

**DRIVERS'
SCHOOL
ENTRY FORM**

DRIVER INFORMATION for DRIVERS' SCHOOL (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
Emergency, Notify:	Relation: Phone:
Your Primary Medical Insurance Carrier:	

ENTRANT for DRIVERS' SCHOOL (If different from Driver)

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

CAR INFORMATION for SCHOOL 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 DRIVERS' SCHOOL (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 DRIVERS' SCHOOL (Make checks payable to *Glen Region SCCA, Inc.*)

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

Mail this
COMPLETED
Drivers' School
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 DRIVERS' SCHOOL

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 School

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 DRIVERS' SCHOOL

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.):	
In Case of Emergency, Notify:	Relationship:
Address:	Off Track Phone: ()
[] This person is with me. Location (Motel, camping, etc.):	
Your Primary Medical Insurance Carrier:	
Religious Preference:	Entry Car Make/Yr.: Color:

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