

**Glen Region SCCA, Inc.** presents **The 2002 July Sprints**  
**Watkins Glen International Race Track** ~ July 26 thru 28, 2002  
*Held under the Sports Car Club of America's General Competition Rules and these Supplementals for MARRS & NYSRRC Series Points*

**SCCA Sanction #02-RS-110-P**

**DRIVER INFORMATION** (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** (If different from Driver)

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

**CAR INFORMATION** 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** (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** (Make checks payable to **Glen Region SCCA, Inc.**)

|                               |                                 |                          |                  |
|-------------------------------|---------------------------------|--------------------------|------------------|
| <b>Entry Fee:</b>             | Postmark Deadline:              | Midnight ~ July 12, 2002 | <b>\$ 195.00</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>        |

**SIGNATURES**

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**

|                 |
|-----------------|
| 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**

|                                                                         |  |                                |               |
|-------------------------------------------------------------------------|--|--------------------------------|---------------|
| 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> |

**FOR OFFICIAL**

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

Mail this  
**COMPLETED**  
Entry Form To:

Glen Region SCCA, Inc.  
Barbara S. Luther, Registrar  
801 Sunset Drive  
Elmira, NY 14905-1501  
607-734-1321  
barbaraluther@infoblvd.net  
Express mail, FedEx, UPS  
accepted only if  
**NO signature is required.**

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