

Glen Region SCCA, Inc. presents The 55th GLEN NATIONALS
Watkins Glen International Race Track ~ July 12 thru 14, 2002
 Held under the Sports Car Club of America's General Competition Rules and these Supplementals for NESCCA Series Points

SCCA Sanction #02-N-42-S

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			
Emergency, Notify:		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.*)

Entry Fee:	Postmark Deadline: Midnight ~ July 3, 2002	\$ 205.00
SRF Class only:	Compliance Fee: Add \$10.00	
Late Entry Fee:	Due after Postmark Deadline: Add \$50.00	
Garage Fee:	<i>Requires separate check!</i> Add \$60.00	
TOTAL AMOUNT ENCLOSED:		\$

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.
Betty Page, Registrar
 683 Sawdey Rd
 Beaver Dams, NY 14812-9125
 (607) 739-2812 (After 6 PM)
 Express mail, FedEx, UPS
 accepted **only** if
NO signature is required.

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
Transponder #

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.):			
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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