

# Glen Region SCCA, Inc. presents July Sprints 2003

Watkins Glen International Race Track – 25-26-27 July 2003  
 Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations for NYSRRC  
**SCCA Sanction #03-RS-138-P**

## ENTRY FORM

DRIVER INFORMATION (Please PRINT)					
Name:			Date of Birth:		
Address:			City/State/Zip:		
Phone: ( )			Email:		
SCCA Membership #:			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 Membership #:			Major Sponsor:		
CAR INFORMATION					
MAKE / YEAR	COLOR	CLASS	DESIRED CAR NUMBER		
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
CREW INFORMATION (See Supplementals for Allowance)					
Crew Names (list additional on reverse)		SCCA Membership #	Crew License?		
1.			[ ] Yes [ ] No		
2.			[ ] Yes [ ] No		
3.			[ ] Yes [ ] No		
ENTRY FEES (Make checks payable to <i>Glen Region SCCA, Inc.</i> )					
Regional Entry Fee:	Postmark Deadline:	Midnight - July 15, 2003	\$ 200.00		
SRF Class Only:	Compliance Fee:	Add \$10.00			
Late Entry Fee:	Due after Postmark Deadline:	Add \$50.00			
Overcrew:	Number over allowance:	_____ X \$10.00 each			
Garage Fee:	<b>REQUIRES SEPARATE CHECK!</b>	Add \$60.00			
TOTAL AMOUNT ENCLOSED:				\$	

OFFICIAL USE ONLY
RACE GROUP:
CAR NO:
POSTMARK:
DATE REC'D:
AM'T REC'D:
POSTED:
COMMENTS:

Mail this  
**COMPLETED**  
Entry Form to:

Glen Region SCCA, Inc.  
**Betty Page, Registrar**  
683 Sawdey Road  
Beaver Dams, NY 14812-9125

Express Mail, FedEx, UPS  
Accepted only if  
**NO signature is required.**

SIGNATURES	
<i>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.</i>	
Signature / DRIVER:	Date:
Signature / ENTRANT:	Date:

Medical and T&S Data Required for Entry Acceptance!					
TIMING & SCORING		DRIVER MEDICAL INFORMATION			
Name:		Name:		Date of Birth:	
City/State:		Address:		City/State/Zip:	
Xponder #:		Blood Type:		Routine Medications:	
Class:		Last Tetanus Shot:		Drug Allergies:	
Car Make/Yr:		Special Conditions (Diabetes, Hemophilia, Organ Donor, Contacts, etc):			
Color:		Changes since last physical (surgery, accident, etc):			
SCCA Mem #:		<b>In Case of Emergency Notify:</b>			<b>Relationship:</b>
Reg. of Record:		<b>Address:</b>			<b>Off Track Phone: ( )</b>
Entrant or Sponsor:		[ ] <b>This person is with me. Location (motel, camping, etc):</b>			
		Your Primary Medical Insurance Carrier:			
		Religious Preference:		Car Make / Yr:	Color:
Group:	Car #:	← <b>FOR OFFICIAL USE ONLY</b> →		Group:	Car #: