

# Glen Region SCCA, Inc. presents July Sprints 2003/ TEST DAY

Watkins Glen International Race Track – 25 July 2003

Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations  
**SCCA Sanction #03-PD-7-P**

**TEST  
DAY**

DRIVER INFORMATION (Please PRINT)			
Name:		Date of Birth:	
Address:		City/State/Zip:	
Phone: ( )		Email:	
SCCA Memberhip #:		Expiration Date:	
Region of Record:		[ ] FIA; [ ] Nat'l; [ ] Reg'l; [ ] Novice Permit	
Emergency, Notify:		Relation:	Phone: ( )
Your Primary Medical Insurance Carrier:			
CAR INFORMATION			
MAKE / YEAR	COLOR	CLASS	CAR NUMBER
CREW INFORMATION			
Crew Names (list additional on reverse)		SCCA Membership #	Crew License?
1.			[ ] Yes [ ] No
2.			[ ] Yes [ ] No
3.			[ ] Yes [ ] No
TEST DAY FEES (Cash, MasterCard, Visa, or American Express – NO CHECKS)			
TOTAL AMOUNT: \$225.00	[ ] Cash [ ] Amer.Exp [ ] MC [ ] VISA	Card #: Expiration Date:	

OFFICIAL USE ONLY
TEST GROUP:
CAR NO:
COMMENTS:

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:

DRIVER MEDICAL INFORMATION	
Name:	Date of Birth:
Address:	City/State/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:	Car Make / Yr: Color:

**NO PRE-REGISTRATION IS AVAILABLE FOR THIS TEST DAY.**

*Complete this form and bring it with you to speed up the registration process.*