

Glen Region SCCA, Inc. presents *The Last Chance of 2003*

Watkins Glen International Race Track - October 11, 2003

Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations.

SCCA Sanction #03-RS-224-P

DRIVER #2 or #3 ENDURO ENTRY FORM

DRIVER #2 or #3 INFORMATION for ENDURO (Please PRINT)		
Team Name:		
Driver's 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:		

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

DRIVER #1 INFORMATION for ENDURO
Payment must be submitted with "DRIVER #1 ENTRY FORM" Entrant and Crew Information to be listed on "DRIVER #1 ENTRY FORM"

NAME OF DRIVER #1:

CAR INFORMATION for ENDURO			
MAKE / YEAR	COLOR	CLASS	DESIRED CAR NUMBER
See "DRIVER #1 ENDURO ENTRY FORM"			

Mail this
COMPLETED
ENDURO 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.

DRIVER #2 or #3 SIGNATURE for ENDURO	
<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 / ENDURO DRIVER #2 OR #3:	Date:

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