

# 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 #1 ENDURO ENTRY FORM

DRIVER #1 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:					
ADDITIONAL ENDURO DRIVERS (each must submit a "DRIVER #2 or #3 ENTRY FORM")					
DRIVER #2:			DRIVER #3 (if any):		
ENTRANT for ENDURO (if different from driver)					
Name:			Phone: ( )		
Address:			City/State/Zip:		
SCCA Membership #:			Major Sponsor:		
CAR INFORMATION for ENDURO					
MAKE / YEAR	COLOR	CLASS	DESIRED CAR NUMBER		
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
CREW INFORMATION for ENDURO (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 for ENDURO (Make checks payable to <i>Glen Region SCCA, Inc.</i> )					
Enduro Entry Fee Per Car:	Postmark Deadline:	Midnight, October 2, 2003	\$ 295.00		
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: <b>ENDURO</b>
CAR NO:
POSTMARK:
DATE REC'D:
AM'T REC'D:
POSTED:
COMMENTS:

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.**

SIGNATURES 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 #1:	Date:
Signature / ENTRANT:	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:	<b>In Case of Emergency Notify:</b>		<b>Relationship:</b>
SCCA Mem #:	<b>Address:</b>		<b>Off Track Phone: ( )</b>
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: <b>ENDURO</b>	Car #:	← <b>FOR OFFICIAL USE ONLY</b> →	Group: <b>ENDURO</b>
			Car #:

