

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

Watkins Glen International Race Track - October 9-11, 2003

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

SCCA Sanction #03-DS-35-P

DRIVERS' SCHOOL 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 st 2 nd 3 rd
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>)			
School Entry Fee:	Postmark Deadline:	Midnight – October 2, 2003	\$ 200.00
Late Entry Fee:	Due after Postmark Deadline:	Add \$50.00	
Overcrew:	Number over allowance:	_____ X \$10.00 each	
Garage Fee:	REQUIRES SEPARATE CHECK!	Add \$60.00	
TOTAL AMOUNT ENCLOSED:			\$

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

Mail this
COMPLETED
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 DRIVERS' SCHOOL	
<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 #:	In Case of Emergency Notify:		Relationship:
Reg. of Record:	Address:		Off Track Phone: ()
Entrant or Sponsor:	[] This person is with me. Location (motel, camping, etc):		
School Group:	Your Primary Medical Insurance Carrier:		
Car #:	Religious Preference:	Car Make / Yr:	Color:
	← FOR OFFICIAL USE ONLY →	School Group:	Car #:

