

The 57th Glen Nationals

and ProVee Drivers Cup

presented by the **Glen Region SCCA, Inc.**

Watkins Glen International Race Track – July 9-11, 2004

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

SCCA Sanctions 04-N-59-S / 04-RN-67-S / 04-PD-05-S



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
4.		[] Yes [] No

ENTRY FEES (Make checks payable to <i>Glen Region SCCA, Inc.</i>)			
National Entry Fee:	Postmark Deadline:	Midnight – June 20, 2004	\$ 215.00
ProVee Cup Entry Fee:	For Pro Vee entries only:	Add an additional \$100.00	
SRF, FSCCA, SCCASR	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:	REQUIRES SEPARATE CHECK!	Add \$60.00	
Check one: [] Cash [] MC [] VISA Card #:		Exp. Date:	\$

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 #:		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):	
Group:	Car #:	Your Primary Medical Insurance Carrier:	
		Religious Preference:	Car Make / Yr: Color:
← FOR OFFICIAL USE ONLY →		Group:	Car #:

ENTRY FORM
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.
Cheryl Boynton,
Registrar
12099 Hendy Hollow
Corning, NY 14830

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