

Glen Region SCCA, Inc. presents *The Last Chance of 2004*

Watkins Glen International Race Track - October 16, 2004

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

SCCA Sanction #04-RS-186-S

DRIVER #1 INFORMATION for ENDURO (Please Print)

Enduro Team Name (required):

Name:

Date of Birth:

Address (Street, City, State, Zip):

Email:

Phone: ()

SCCA License #:

Region of Record:

License Grade:

Expiration Date:

ADDITIONAL ENDURO DRIVERS (each must submit a "DRIVER #2 OR #3 ENTRY FORM")

Driver #2:

Driver #3:

ENTRANT (if different from driver)

Entrant Name:

SCCA Mbr #:

Address (Street, City, State, Zip):

Phone: ()

Sponsor:

CAR INFORMATION

Year/Make/Model:

Class:

Desired Numbers:

Color:

EMERGENCY CONTACT

Name:

At the track? Where?

Address (Street, City, State, Zip):

Phone: ()

Relationship:

CREW INFORMATION

Name:

SCCA Mbr #:

Name:

SCCA Mbr #:

Name:

SCCA Mbr #:

Name:

SCCA Mbr #:

ENTRY FEES (Make checks payable to Glen Region SCCA, Inc.)

Enduro Entry Fee - check one (*required information): CASH [] CHECK [] *MC [] *VISA [] \$ 300.00

SRF, FSCCA, SCCASR Compliance Fee: add \$10.00 NA

Late Entry Fee (postmark deadline - Midnight, October 6, 2004): add \$50.00

Overcrew: Number over allowance _____ X \$10.00 each

Garage Fee: **(REQUIRES SEPARATE CHECK!)** add \$60.00

Worker Fund (optional):

*Credit Card #:

TOTAL AMOUNT:

*Name:

*Exp. Date:

SIGNATURES

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 Supplementary Regulations.

Driver:

Date:

Entrant:

Date:

**DRIVER #1
ENDURO
ENTRY FORM**

OFFICIAL USE ONLY

RACE GROUP:

ENDURO

CAR #:

POSTMARK:

DATE RECVD:

AMT RECVD

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.

DRIVER #1 MEDICAL INFORMATION

Name:	Date of Birth:
Address:	Last Tetanus Shot:
Blood Type:	Special Conditions (Contacts, Organ Donor, Diabetes, Hemophilia, etc):
Current Medications:	
Allergies:	
Special Conditions:	
Physician / Address / Phone:	Changes since last physical (surgery, accident, etc.)
Primary Medical Insurance Carrier:	Religious Preference:

EMERGENCY CONTACT

Name:	At the track?	Where?
Address (Street, City, State, Zip):		
Phone: ()	Relationship:	

DRIVER #1 - TIMING & SCORING

Enduro Team Name (required):		
Name:	Hometown/State:	
Transponder #:	Color:	
Class:	Sponsor:	
Car Make / Yr:		
Mbr #:	Region of Record:	

OFFICIAL USE ONLY

RACE GROUP: ENDURO
CAR #:
CLASS:

OFFICIAL USE ONLY

RACE GROUP: ENDURO
CAR #:
CLASS: