

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

Watkins Glen International Race Track - October 14-16, 2004

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

SCCA Sanction #04-DS-40-S

DRIVER INFORMATION (Please Print)

Name:	Date of Birth:
Address (Street, City, State, Zip):	
Email:	Phone: ()
SCCA License #:	Region of Record:
License Grade:	Expiration Date:

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.)

School Entry Fee - check one (*required information): CASH [] CHECK [] *MC [] *VISA []	\$ 230.00
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:

DRIVERS' SCHOOL ENTRY FORM

OFFICIAL USE ONLY

DRIVERS' SCHOOL GROUP:
CAR #:
POSTMARK:
DATE REC'D:
AM'T REC'D
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 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:

OFFICIAL USE ONLY
DRIVERS' SCHOOL GROUP:
CAR #:
CLASS:

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

TIMING & SCORING	
Name:	Hometown/State:
Transponder #:	Color:
Class:	Sponsor:
Car Make / Yr:	
Mbr #:	

OFFICIAL USE ONLY
DRIVERS' SCHOOL GROUP:
CAR #: