

# Glen Region SCCA, Inc. presents *The Last Chance of 2005*

*Watkins Glen International Race Track - October 15, 2005*

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

**SCCA Sanction #05-RS-162-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 5, 2005): 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 REC'D:

AM'T REC'D

COMMENTS:

Mail this  
COMPLETED Entry Form to:

Glen Region SCCA, Inc.  
**Barb Luther, Registrar**  
801 Sunset Drive  
Elmira, NY 14905-5104

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:	Changes since last physical (surgery, accident, etc.)
Physician / Address / Phone:	
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 #:	

OFFICIAL USE ONLY
RACE GROUP:  <b>ENDURO</b>
CAR #:
CLASS:

OFFICIAL USE ONLY
RACE GROUP:  <b>ENDURO</b>
CAR #:
CLASS: