

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 #2 OR #3 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:

DRIVER #1 INFORMATION FOR ENDURO (Please Print)

Payment must be submitted with "DRIVER #1 ENTRY FORM"
Entrant and Crew information to be listed on "DRIVER #1 ENTRY FORM"

CAR INFORMATION

Year/Make/Model:

Class:

Desired Numbers: See "DRIVER #1 ENDURO ENTRY FORM"

Color:

EMERGENCY CONTACT

Name:

At the track? Where?

Address (Street, City, State, Zip):

Phone: ()

Relationship:

CREW INFORMATION

See "DRIVER #1 ENDURO ENTRY FORM"

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

See "DRIVER #1 ENDURO ENTRY FORM"

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 #2 OR #3
ENDURO
ENTRY FORM**

OFFICIAL USE ONLY

RACE GROUP:

ENDURO

CAR #:

POSTMARK:

DATE REC'D:

AMT 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 #2 or #3 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 #2 or #3 - 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: