

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

Watkins Glen International Race Track - October 16, 2005

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

**SCCA Sanction #05-RS-163-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.)

Regional Entry Fee - check one (*required information): CASH [ ] CHECK [ ] *MC [ ] *VISA [ ]	\$ 180.00
SRF, FSCCA, SCCASR Compliance Fee: add \$10.00	
Late Entry Fee (postmark deadline - Midnight, October 5, 2005): add \$50.00	
Overcrew: Number over allowance _____ X \$10.00 each	
Garage Fee: <b>(REQUIRES SEPARATE CHECK!)</b> 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:

## REGIONAL ENTRY FORM

## OFFICIAL USE ONLY

REGIONAL RACE GROUP:
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 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:

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

OFFICIAL USE ONLY
REGIONAL RACE GROUP:
CAR #:
CLASS:

OFFICIAL USE ONLY
REGIONAL RACE GROUP:
CAR #: