



Glen Region SCCA, Inc. presents *The 59th Glen Nationals*

Watkins Glen International Race Track – 7-8-9 July 2006

Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations for National Championship Points

SCCA Sanction # 06-N-54-S



DRIVER INFORMATION (Please PRINT)					
Name:			Date of Birth:		
Address:			City/State/Zip:		
Phone: ()			Email:		
SCCA Memberhip #:			Expiration Date:		
Region of Record:			[] FIA; [] Nat'l; [] Reg'l; [] Novice Permit		
Emergency, Notify:			Relation:	Phone: ()	
Your Primary Medical Insurance Carrier:					
ENTRANT (if different from driver)					
Name:			Phone: ()		
Address:			City/State/Zip:		
SCCA Membership #:			Major Sponsor:		
CAR INFORMATION					
MAKE / YEAR	COLOR	CLASS	DESIRED CAR NUMBER		
			1 st	2 nd	3 rd
CREW INFORMATION (See Supplementals for Allowance)					
Crew Names (list additional on reverse)		SCCA Membership #	Crew License?		
1.			[] Yes	[] No	
2.			[] Yes	[] No	
3.			[] Yes	[] No	
4.			[] Yes	[] No	
ENTRY FEES (Make checks payable to <i>Glen Region SCCA, Inc.</i>)					
Regional Entry Fee:	Postmark Deadline:	Midnight - June 30, 2006	\$ 245.00		
SRF, FSCCA, SCCASR	Compliance Fee:	Add \$10.00			
Late Entry Fee:	Due after Postmark Deadline:	Add \$50.00			
Overcrew:	Number over allowance:	_____ X \$20.00 each			
Garage Fee:	REQUIRES SEPARATE CHECK!	Add \$75.00			
Check one: [] Cash [] MC [] VISA Card #:			Exp. Date:	\$	

OFFICIAL USE ONLY
RACE GROUP:
CAR NO:
POSTMARK:
DATE REC'D:
AM'T REC'D:
POSTED:
COMMENTS:

Mail COMPLETED
Entry Form to:

Glen Region SCCA, Inc.
Cheryl Boynton,
Registrar
209 Veteran Hill Road
Horseheads, NY 14845

Express Mail, FedEx, UPS
Accepted only if
NO signature is required.

SIGNATURES	
<i>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 Supplemental Regulations.</i>	
Signature / DRIVER:	Date:
Signature / ENTRANT:	Date:

Medical and T&S Data Required for Entry Acceptance!					
TIMING & SCORING		DRIVER MEDICAL INFORMATION			
Name:		Name:		Date of Birth:	
City/State:		Address:		City/State/Zip:	
Xponder #:		Blood Type:	Routine Medications:		
Class:		Last Tetanus Shot:	Drug Allergies:		
Car Make/Yr:		Special Conditions (Diabetes, Hemophilia, Organ Donor, Contacts, etc):			
Color:		Changes since last physical (surgery, accident, etc):			
SCCA Mem #:		In Case of Emergency Notify:			Relationship:
Reg. of Record:		Address:			Off Track Phone: ()
Entrant or Sponsor:		[] This person is with me. Location (motel, camping, etc):			
		Your Primary Medical Insurance Carrier:			
		Religious Preference:	Car Make / Yr:	Color:	
Group:	Car #:	← FOR OFFICIAL USE ONLY →		Group:	Car #: