



# Glen Region SCCA, Inc. presents July Sprints 2006

Watkins Glen International Race Track – 21-22-23 July 2006

Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations for NYSRRC, NERRC and MARRS points

## SCCA Sanctions 06-RS-178-S



DRIVER INFORMATION (Please PRINT)			
Name:		Date of Birth:	
Address:		City/State/Zip:	
Phone: ( )		Email:	
SCCA Membership #:		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 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
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 - July 12, 2005	\$ 225.00
SRF, FSCCA, SCCASR	Compliance Fee:	Add \$10.00	
Late Entry Fee:	Due after Postmark Deadline:	Add \$50.00	
Overcrew:	Number over allowance:	_____ X \$10.00 each	
Garage Fee:	<b>REQUIRES SEPARATE CHECK!</b>	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.  
**Barbara Luther,**  
**Registrar**  
801 Sunset Drive  
Elmira, NY 14905-  
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:		Date of Birth:	
City/State:		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 #:	<b>In Case of Emergency Notify:</b>		<b>Relationship:</b>
Reg. of Record:	<b>Address:</b>		<b>Off Track Phone: ( )</b>
Entrant or Sponsor:	[ ] This person is with me. <b>Location (motel, camping, etc):</b>		
Group:	Your Primary Medical Insurance Carrier:		Color:
Car #:	Religious Preference:	Car Make / Yr:	Color:
← FOR OFFICIAL USE ONLY →		Group:	Car #: