

Glen Region SCCA, Inc. presents The Last Chance of 2006

Watkins Glen International Race Track - September 23, 2006

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

SCCA Sanction #06-RS-229-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"

Name:

SCCA License #:

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 RECVD:

AMT RECVD

COMMENTS:

Mail this
COMPLETED Entry Form to:

Glen Region SCCA, Inc.
Jerry Brown, Registrar
144 Moss Hill Road
Horseheads, NY 14845-8516

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: