

FUN ONE '02 MEDICAL INFORMATION—1st DRIVER

OFFICIAL USE:	GROUP:	CAR#
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*****DRIVER: PLEASE CHECK ONE _____ SATURDAY & SUNDAY _____ SATURDAY ONLY *****

DRIVER'S NAME		AGE	
DRIVER'S HOME ADDRESS		PHONE#:	
RACE CAR MAKE		RACE CAR COLOR	
BLOOD TYPE	DATE LAST TETANUS BOOSTER	DRUG ALLERGIES	RELIGIOUS PREFERENCE
ROUTINE MEDICATIONS			
LIST ANY SPECIAL CONDITIONS (IE: DIABETES, HEART, BP)			
ANY CHANGES SINCE MOST RECENT EXAM?			
IN EMERGENCY NOTIFY:	PHONE#:	AT THE TRACK: YES NO	(MOTEL? PADDOCK?)

TIMING AND SCORING INFORMATION—1st DRIVER

OFFICIAL USE:	GROUP:	CAR#
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*****DRIVER: PLEASE CHECK ONE _____ SATURDAY & SUNDAY _____ SATURDAY ONLY *****

CLASS	REGION	MEMBERSHIP #	MAKE	MODEL	YR. (SS & IT)	COLOR
NAME			CITY/STATE		E-MAIL:	
TRANSPONDER # NO ENTRY WILL BE ACCEPTED WITHOUT A TRANSPONDER NUMBER OR TRANSPONDER RENTAL FEE						
ENTRANT/SPONSOR:(KEEP IT SHORT)						

MEDICAL INFORMATION—SUNDAY ONLY DRIVER

OFFICIAL USE:	GROUP:	CAR#
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DRIVER'S NAME		AGE	
DRIVER'S HOME ADDRESS		PHONE#:	
RACE CAR MAKE		RACE CAR COLOR	
BLOOD TYPE	DATE LAST TETANUS BOOSTER	DRUG ALLERGIES	RELIGIOUS PREFERENCE
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