

# THE FINGER LAKES REGION, SCCA, INC.

NELSON LEDGES, Garrettsville, OH.  
REGIONAL RACES HELD UNDER THE SCCA GENERAL COMPETITION RULES  
SCCA SANCTION # **03-RS-68-P** May 24-25, 2003

# ENDURO ENTRY FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SCCA MEMBER #: \_\_\_\_\_  
COMPETITION LICENSE #: \_\_\_\_\_ REG NAT'L DUAL FIA (circle one)  
REGION OF RECORD: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_  
IN EMERGENCY NOTIFY: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
MAJOR SPONSOR: \_\_\_\_\_

**ENTRANT (IF DIFFERENT THAN DRIVER):** \_\_\_\_\_  
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SCCA MEMBER #: \_\_\_\_\_

CAR PLEASE ENTER MY CAR AS FOLLOWS: (Please copy this data onto Medical & Timing forms below)  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ CLASS \_\_\_\_\_  
DESIRED CAR NUMBER: 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

CREW (SEE SUPPLEMENTARY REGULATIONS FOR CREW ALLOWANCE)  
CREW NAMES \_\_\_\_\_ SCCA MEMBER # \_\_\_\_\_ CREW LICENSE? \_\_\_\_\_  
1. \_\_\_\_\_ Y N  
2. \_\_\_\_\_ Y N  
3. \_\_\_\_\_ Y N  
4. \_\_\_\_\_ Y N

**ENTRY FEES: MAKE CHECKS PAYABLE TO FINGER LAKES REGION, SCCA, INC.**  
**DRIVER NAME AND MEMBERSHIP NUMBER MUST BE ON THE CHECK!**  
**POSTMARK DEADLINE MAY 20, 2003**

**ENDURO ENTRY FEE \$100**

MasterCard & Visa accepted - Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Account Holder Name \_\_\_\_\_ Account Holder Signature \_\_\_\_\_

**SIGNATURES**  
IT IS UNDERSTOOD AND AGREED THAT THE UNDERSIGNED AND THE CAR DESCRIBED ABOVE ARE TO  
COMPETE UNDER THE GENERAL COMPETITION RULES AND THESE SUPPLEMENTARY REGULATIONS..

SIGNATURE DRIVER: \_\_\_\_\_ SIGNATURE ENTRANT: \_\_\_\_\_

**MAIL ENTRY TO: REGISTRAR, Wilma Giesy, 1849 Maple Avenue, Palmyra NY 14522**  
**FEDEX, UPS and Express Mail deliveries will not be accepted if signature is required.**

**YOUR ENTRY WILL NOT BE ACCEPTED WITHOUT THE COMPLETION OF MEDICAL AND TIMING INFORMATION!**

OFFICIAL USE ONLY
RACE GROUP
CAR NUMBER
POSTMARK
RECEIVED
AMOUNT RECEIVED
POSTED
COMMENTS

<b>MEDICAL INFORMATION:</b>	Race Group:	Car No.	
Driver Name:	Home Address:		
Home Phone:	Age:	Blood Type:	Drug Allergies:
Last Tetanus Booster:	Routine Medications:	Religious Preference:	
Special Conditions: (i.e., Diabetes, High BP, Heart problems, etc.)			
Changes since most recent exam:			
Emergency notification:	At track: Y N	Phone:	

<b>TIMING AND SCORING:</b>	Race Group:	Car#:	Transponder:
Class:	Color:	Car Make and Model:	
Driver Name:	License Grade:		Membership #
Entrant/Sponsor (20 characters max.)			