

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

ENTRY FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NO.: _____ E-MAIL: _____

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: 1ST _____ 2ND _____ 3RD _____

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

ENTRY FEE \$ 175 Regional _____

Enduro \$100 (complete next page) _____

LATE ENTRY \$ 50 ADDITIONAL _____

OVERCREW \$ 10 PER PERSON (Over Four) _____

SPEC RACER FORD Compliance Fee \$ 10 PER ENTRY _____

Total _____

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

MEDICAL INFORMATION:		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:

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