

**REGIONAL**

**THE FINGER LAKES REGION, SCCA, INC. ENTRY FORM**

NELSON LEDGES, Garrettsville, OH.

REGIONAL RACES HELD UNDER THE SCCA GENERAL COMPETITION RULES

SCCA SANCTION #. 04-RS-173-S and 04-RS-244-S

Aug. 7 and 8, 2004

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ SCCA MEMBER #: \_\_\_\_\_

COMPETITION LICENSE #: \_\_\_\_\_ REG NAT'L DUAL (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 AUG 1, 2004**

ENTRY FEE Regional \$225 \_\_\_\_\_

Enduro \$200 (complete next page) \_\_\_\_\_

LATE ENTRY \$ 50 ADDITIONAL \_\_\_\_\_

OVERCREW \$ 10 PER PERSON (Over Four) \_\_\_\_\_

SPEC RACER FORD Compliance Fee \$ 20 PER ENTRY( \$10 per day ) \_\_\_\_\_

Formula SCCA and SCCA SR \$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 GENERALCOMPETITION 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!**

**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.) \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>
<b>RACE GROUP</b>
<b>CAR NUMBER</b>
<b>POSTMARK</b>
<b>RECEIVED</b>
<b>AMOUNT RECEIVED</b>
<b>POSTED</b>

**ENDURO**

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 COMPETITION LICENSE #: \_\_\_\_\_ REG NAT'L DUAL (circle one)  
 REGION OF RECORD: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_  
 IN EMERGENCY NOTIFY: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 MAJOR SPONSOR: \_\_\_\_\_

**SECOND DRIVER (MUST COMPLETE SECOND DRIVER FORM)**

NAME: \_\_\_\_\_ SCCA MEMBER #: \_\_\_\_\_  
 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> \_\_\_\_\_

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

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<b>AMOUNT RECEIVED</b>
<b>POSTED</b>

**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.) \_\_\_\_\_

**ENDURO SECOND DRIVER**

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REGION OF RECORD: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

FIRST DRIVER NAME \_\_\_\_\_ SCCA MEMBER #: \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ CLASS \_\_\_\_\_

DESIRED CAR NUMBER: 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

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