

THE FINGER LAKES REGION, SCCA, INC.
THE GLEN NATIONAL
 WATKINS GLEN INTERNATIONAL RACE COURSE
NATIONAL RACES & TEST DAY - HELD UNDER THE SCCA GENERAL COMPETITION RULES
 JULY 8, 9 & 10, 2005
 SCCA SANCTION # 05-N-49-S

NAME: _____ DATE OF BIRTH: _____
 (NO DRIVERS UNDER 18 ELIGIBLE)

ADDRESS: _____ PHONE NO.: _____ EMAIL: _____

CITY/STATE/ZIP: _____ SCCA MEMBER # _____

COMPETITION LICENSE #: _____ NAT'L FIA REG'L NOVICE PERMIT

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 (Copy this data onto Medical and Timing forms)

YEAR _____ MAKE _____ COLOR _____ CLASS _____

DESIRED CAR NUMBER: 1ST _____ 2ND _____ 3RD _____

CREW (SEE SUPPLEMENTARY REGULATIONS FOR CREW ALLOWANCE)

Crew Name	SCCA Member #	License?	Crew Name	SCCA Member #	License?
1. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	3. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	4. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

ENTRY FEES: MAKE CHECKS PAYABLE TO FINGER LAKES REGION, SCCA, INC.

DRIVER NAME AND MEMBERSHIP NUMBER MUST BE ON THE CHECK!

POSTMARK DEADLINE June 24th, 2005

ENTRY FEE	\$ 225 PER CAR FOR THE WEEKEND	_____
LATE ENTRY	\$ 50 ADDITIONAL	_____
GARAGE RENTAL	\$ 60 / Separate Check	_____
OVERCREW	\$ 10 PER PERSON OVER 4 CREW	_____
SR, FSCCA, SSCA	\$ 10 PER RACE	_____
TRANSPONDER Donation	\$ 50	_____
TOTAL:		_____

MasterCard & Visa accepted Card Number: _____ Exp. 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: **Judy Dennis, REGISTRAR**
 33 Huntsman Way
 Webster, NY 14580

Fed-Ex, UPS and Express Mail deliveries will only be accepted if no signature is required
 (IMPORTANT: YOUR ENTRY WILL NOT BE ACCEPTED WITHOUT THESE COMPLETED FORMS)

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

(IMPORTANT: YOUR ENTRY WILL NOT BE ACCEPTED WITHOUT THESE COMPLETED FORMS)

The Glen National - 2005 MEDICAL INFORMATION—1st DRIVER

OFFICIAL USE: GROUP: _____ CAR# _____

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 (i.e. Diabetes, Heart, BP, etc.) _____

DO YOU HAVE ANY CHANGES SINCE MOST RECENT EXAM? _____

IN EMERGENCY NOTIFY: _____ Phone #: _____ At track? Y N Motel / Paddock? _____



TIMING AND SCORING INFORMATION

OFFICIAL USE: GROUP: _____ CAR# _____

NO ENTRY WILL BE ACCEPTED WITHOUT A TRANSPONDER NUMBER OR TRANSPONDER RENTAL FEE

CLASS _____ REGION _____ MEMBERSHIP # _____ TRANSPONDER # _____

MAKE _____ MODEL _____ YEAR (SS & IT) _____ COLOR _____

NAME _____ CITY/STATE _____ EMAIL _____

ENTRANT/SPONSOR: (Maximum 20 characters) _____