

OFFICIAL USE ONLY

RACE GROUP

CAR NUMBER

POSTMARK

RECEIVED

AMOUNT RECEIVED

POSTED

THE FINGER LAKES REGION, SCCA, INC. ENTRY FORM

NELSON LEDGES, Garrettsville, OH.

RESTRICTED REGIONAL RACES HELD UNDER THE SCCA GENERAL COMPETITION RULES

SCCA SANCTION #. 05-RS-141-S & 05-RS-142-05

June 10 -12, 2005

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE NO.: XXX-XXX-XXXX

CITY/STATE/ZIP: _____ SCCA MEMBER #: _____

E-MAIL: _____

COMPETITION LICENSE #: _____ LICENSE TYPE: NATIONAL

REGION OF RECORD: _____ LICENSE EXPIRATION DATE: _____

IN EMERGENCY NOTIFY: _____ PHONE#: XXX-XXX-XXXX

MAJOR SPONSOR: _____

ENTRANT (IF DIFFERENT THAN DRIVER): _____

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

Race Entry Double Regional \$225 _____ Check Number _____

Race Entry One Day \$175 _____ Amount _____

Late Entry \$ 50 _____

Spec Racer \$10 per day _____ Credit Card# _____

Overcrew \$10 _____ Exp. Date _____

Total \$0.00 _____

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!

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 & SCORING: Race Group: _____ Car No: _____

Class: _____ Color: _____ Car Make, Model & Year (SS & IT): _____

Driver Name: _____ License Grade: _____ Membership #: _____

Driver City/State: _____ Entrant: _____

Region of Record: _____ Email: _____ Transponder # _____ or Rent

Sponsor (20 characters max.): _____