

OFFICIAL ENTRY FORM

Car Class

OFFICE USE

SCCA Driver's School March 5-7, 2004

Thunderhill Park - Willows, CA

Sanctioned by the Sports Car Club of America, operated by the San Francisco Region,
and held under the SCCA General Competition Rules.

COMPLETE ALL BLANKS - PRINT WITH BLACK PEN

DRIVER: Member # _____

Date of Birth _____

Name _____

Address _____

City/St/Zip _____

Day Phone () _____

Region of Record _____

\$80 SCCA dues also required if not a current member. Fill out separate membership application form and separate check (if paying by check).

DRIVER MEDICAL INFORMATION

All medical information must be provided.

Blood Type _____ RH Factor _____

Current Medications _____

Allergies, Prosthesis etc. _____

Last Tetanus Shot (Approx. date) _____

Accident Notification:

Name: _____

Phone # _____

It is hereby understood and agreed that the undersigned and the car described herein are to appear at the above event under the SCCA General Competition Rules and Supplementary Regulations pertaining to the event. I certify that my car complies with the SCCA regulations. I have thoroughly read the instructions and entry form, and I hold the appropriate license for the event. I further waive all rights and so release unto the sponsor(s) and the SCCA the use of my name and photographs of myself and my car for publicity and promotional purposes. I further hold harmless SCCA, and its workers and officials, for damage to my vehicle(s) and equipment.

SIGNATURES: **ENTRY MUST BE SIGNED**

DRIVER _____

ENTRANT _____

CAR:

Number Choices: 1st _____ 2nd _____ 3rd _____

Year _____ Primary color _____

Make _____

Model _____ Engine ccs _____

Transponder # _____

Sharing a car with _____

ENTRANT: (If different than driver) Entrant shall assume responsibility for any/all legalities of race vehicle.

Name: _____

Entrant member no. _____

Address _____

City/ST/Zip _____

TUITION FEE \$ 495.00

Includes entry fee, 2004 GCR & Novice Permit
Additional late fees after February 20, 2004.

CREDIT CARD INFORMATION:

Circle one: Mastercard Visa

Card Number: _____ Expiration Date _____

_____ * _____ * _____ *

Office use:

Date received _____ Amount _____

Cash _____ CC _____ Check # _____

Fax with credit card info for all fees or mail with check payable to:

SCCA (530) 934-4455
P.O.Box 966 (530) 934-7275 Fax
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