

<p style="text-align: center;">LRP</p> <p style="text-align: center;">NYSRRR & NARRC Races</p>	<p style="text-align: center;">Mo-Hud John Stim Memorial Regional Race</p> <p style="text-align: right;">7/3/03</p> <p style="text-align: center;">Sanction Number: 03-RS-146-S</p>	<p>REGISTRAR USE ONLY</p>
<p>Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA General Competition Rules. Checks payable to Mohawk Hudson SCCA. US funds only</p> <p>Entry Fee: \$175 SRF add \$10 per race Compliance Fee</p>		<p>RACE</p>
<p>Mail Entry To: Nancy Boice 518-885-0841</p> <p>10 Pheasant Run Email: mohudscca@hotmail.com</p> <p>Ballston Spa, NY. 12020</p>		<p>CAR #</p>
<p>DRIVER INFORMATION</p> <p>Name: _____ Date of Birth: _____</p> <p>Street/City/State: _____</p> <p>Email: _____ Phone No: _____</p> <p>SCCA License No: _____ Region of Record: _____</p> <p>License Grade: _____ Expiration Date: _____</p>		<p>CLASS</p>
<p>SPONSOR\ENTRANT INFORMATION</p> <p>Sponsor: _____</p> <p>Entrant Name: _____ SCCA Mbr #: _____</p> <p>Entrant Address: _____</p> <p>Rental? From Whom? _____</p>		<p>REGION</p>
<p>CAR INFORMATION</p> <p>Transponder #: _____ Class: _____</p> <p>Make/Model: _____ Color: _____</p> <p>Desired Numbers: _____/_____/_____</p>		<p>FEE PAID</p>
<p>EMERGENCY CONTACT INFORMATION</p> <p>Name: _____</p> <p>Address: _____ At the Track: _____</p> <p>Phone Number: _____ Relationship: _____</p>		
<p>CREW INFORMATION</p> <p style="text-align: center;">To enter the pit area you must be 16 years of age and an SCCA member with proper credentials per GCR 10.1.4. Only Driver or Crew Chief can modify crew list.</p> <p>Name: _____ SCCA Mbr #: _____</p> <p>Name: _____ SCCA Mbr #: _____</p> <p>Name: _____ SCCA Mbr #: _____</p>		<p>MONEY REC'D AT TRACK</p>
<p>SIGNATURE</p> <p style="text-align: center;">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</p> <p>Driver: _____ Entrant: _____</p>		

DRIVER MEDICAL INFORMATION	REGISTRAR USE ONLY
<p>Name: _____ Age:____ Hemophiliac: __</p> <p>Address: _____ Epileptic: __</p> <p>Blood Type: _____ Tetanus Date: _____ Asthmatic: __</p> <p>Current Medications: _____ / / _____ Dentures: __</p> <p>Allergies: _____ Diabetic: __</p> <p>Special Conditions: _____ Contacts: __</p> <p>Physician/address/phone: _____ Organ Donor: __</p>	<p>RACE _____</p> <p>CAR # _____</p>
EMERGENCY CONTACT	
<p>Notify Whom: _____ Phone: _____</p> <p>Address: _____</p> <p>At Track: _____ Mbr #: _____</p>	<p>CLASS _____</p>
TIMING & SCORING	
<p>Car Make/Model: _____ Color: _____</p> <p>Driver Name: _____</p> <p>Mbr#: _____ Region: _____</p> <p>Address/City/St: _____</p> <p>Sponsor: _____</p> <p>Transponder #: _____</p>	<p>RACE _____</p> <p>CAR # _____</p> <p>CLASS _____</p>

Make Checks payable to Mo-Hud SCCA
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 10 Pheasant Run
 Ballston Spa 12020