

<p style="text-align: center;">LRP NYSRR &amp; NARRC Races</p> <p style="text-align: center;">Mo-Hud John Stim Memorial Regional Race Sanction Number: 04-RS-166-S</p> <p style="text-align: right;">6/19/04</p>	<b>REGISTRAR USE ONLY</b>
<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 Entry Fee: \$200 SRF add \$10 per race Compliance Fee</p>	<b>RACE</b>
<p>Mail Entry To: Nancy Boice 518-885-0841 10 Pheasant Run Email: mohudacca@hotmail.com Ballston Spa, NY 12020</p>	<b>CAR #</b>
<p><b>DRIVER INFORMATION</b></p> <p>Name: _____ Date of Birth: _____ Street/City/State: _____ Email: _____ Phone No: _____ SCCA License No: _____ Region of Record: _____ License Grade: _____ Expiration Date: _____</p>	<b>CLASS</b>
<p><b>SPONSOR\ENTRANT INFORMATION</b></p> <p>Sponsor: _____ Entrant Name: _____ SCCA Mbr #: _____ Entrant Address: _____ Rental? From Whom? _____</p>	<b>REGION</b>
<p><b>CAR INFORMATION</b></p> <p>Transponder #: _____ Class: _____ Make/Model: _____ Color: _____ Desired Numbers: _____/_____/_____</p>	<b>FEE PAID</b>
<p><b>EMERGENCY CONTACT INFORMATION</b></p> <p>Name: _____ Address: _____ At the Track: _____ Phone Number: _____ Relationship: _____</p>	
<p><b>CREW INFORMATION</b></p> <p style="text-align: right; font-size: small;">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 #: _____ Name: _____ SCCA Mbr #: _____ Name: _____ SCCA Mbr #: _____</p>	<b>MONEY REC'D AT TRACK</b>
<p><b>SIGNATURE</b></p> <p style="text-align: center; font-size: small;">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  
 Mail Entry to: Nancy Boice  
 10 Pheasant Run  
 Ballston Spa, NY 12020

**Worker Contributions-** Contributions to the workers fund are greatly appreciated. You may just add any amount you wish to your check or make a separate donation at Registration. Mohawk Hudson Region matches all driver donations and distributes them via a raffle at the end of the day. Donors are recognized in our program unless anonymity is requested.