

# MICHIANA DOUBLE DRIVERS SCHOOLS AND REGIONAL RACE



**At Ginger Man Raceway**  
**JUNE 16, 17, 18, 2006**

## Drivers School Entry Form

Sanction #'s 06-DS-20-S, 06-DS-21-S

- \_\_\_\_\_ One day school at \$250.00 - circle FRIDAY SATURDAY
- \_\_\_\_\_ Two days of school at \$450.00
- \_\_\_\_\_ One day school & regional at \$430.00
- \_\_\_\_\_ Two days of school & regional at \$600.00
- \_\_\_\_\_ A late fee of \$40 will apply to all entries postmarked after June 10, 2006.

Make check / m.o. payable to:

**Indiana Northwest Region, SCCA**

Mail to: Marilyn Russell  
 1742 Hathaway Rd.  
 Ft. Wayne, IN 46845

ph & fax: 260-338-0134  
 call before faxing, and call before 10:00  
 rotaryracer@comcast.net

YEAR	MAKE	MODEL	COLOR	CLASS	TRANSPONDER #	car # - 1st	2nd choice	3rd choice

Driver's Name	phone
Address	email
City, State, Zip	
Membership #	region
Comp. License #	Lic. Grade
Entrant's Name (if different than driver)	entrant's member #
Crew members: 1. Free	4. Pay
2. Free	5. Pay
3. Free	6. Pay
Emergency contact:	Phone: _____ at track? Circle YES NO

FOR OFFICIAL USE	
race #	_____
car #	_____
class	_____
postmark	_____
check #	_____
amount	_____
entry #	_____

I hereby agree that the car and driver, as described above, are to appear at this Race meet to compete under the current General Competition Rules and Amendments of the Sports Car Club of America, Inc. and the Supplementary Regulations of this event. I affirm that the car entered complies with all requirements for this class and category in which it is entered and all of the information provided on this entry form is valid and accurate on this date of \_\_\_\_\_.

Driver's signature: \_\_\_\_\_ Entrant's signature: (if different than driver) \_\_\_\_\_

TIMING AND SCORING INFORMATION - DRIVER MUST COMPLETE			FOR OFFICIAL USE
CLASS	MAKE / MODEL	YEAR	Group # _____ Car # _____
Driver's name:	Transponder #:		
Driver's city / state:	Region of Record:		
Membership #:	Sponsor:		

DRIVER MEDICAL INFORMATION - DRIVER MUST COMPLETE			FOR OFFICIAL USE
Driver's name:	Membership #		Group # _____
In emergency, notify:	phone:		
Address:	at track? Circle YES NO		Car # _____
Current Medications:	Drug allergies:		
List any special conditions:	Blood type:		Class _____
Describe any illness / injuries in past 12 mos:			
Personal Physician:	phone:		
Address:			

Answer YES or NO: Contacts \_\_\_\_\_ Dentures \_\_\_\_\_ Asthmatic \_\_\_\_\_ Diabetic \_\_\_\_\_  
 Epileptic \_\_\_\_\_ Hemophiliac \_\_\_\_\_ Organ Donor? \_\_\_\_\_ Where? \_\_\_\_\_  
 Religious Preference \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_