



## REQUEST FOR ENTRY – LIME ROCK PARK HISTORIC FESTIVAL<sup>28</sup> – SEPTEMBER 3-6, 2010

PLEASE PRINT. Entries must be received by June 15, 2010

Driver _____	Entrant/Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Cell Number _____	Cell Number _____
Home Phone Number _____	Home Phone Number _____
Business Phone Number _____	Business Phone Number _____
E-mail Address _____	E-mail Address _____
Fax Number _____	Fax Number _____

*I, as an entrant and/or driver, enter this event with the full understanding that motor sport racing is dangerous.*

Driver Signature _____	Date _____
Entrant Signature _____	Date _____

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### DRIVER INFORMATION

- Racing License Number \_\_\_\_\_ Issued by \_\_\_\_\_ Years Held \_\_\_\_\_
- Recent event participation (3 years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has your racing license been suspended in the past 5 years? \_\_\_\_\_
- If yes, where and why? \_\_\_\_\_  
\_\_\_\_\_

### CO-DRIVER

If a car is to have more than one driver, make copies of page one and four of this "Request for Entry" form and attach.

Name of Co-Driver(s) \_\_\_\_\_

ATTACH PHOTO HERE  
 (NO SLIDES, COLOR PHOTOS ONLY)  
 YOU MAY EMAIL A DIGITAL PHOTO TO: [historics@limerock.com](mailto:historics@limerock.com)

**CAR**

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_

Color \_\_\_\_\_ Chassis Number \_\_\_\_\_ Gearbox \_\_\_\_\_

Engine Make \_\_\_\_\_ H.P. \_\_\_\_\_

Displacement \_\_\_\_\_ Number of Cylinders \_\_\_\_\_

**BRAKES AND TIRES**

Brakes (please circle):    Front:    Drum/Disk                      Rear:    Drum/Disk

Wheel Size:                      Front:    \_\_\_\_\_                      Rear:    \_\_\_\_\_

Tires (please circle):        Slickes/Treaded

**MODIFICATIONS**

Please delineate deviations from original specifications (bodywork, wheel size, engine type and capacity, gearbox, etc.)

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**HISTORY**

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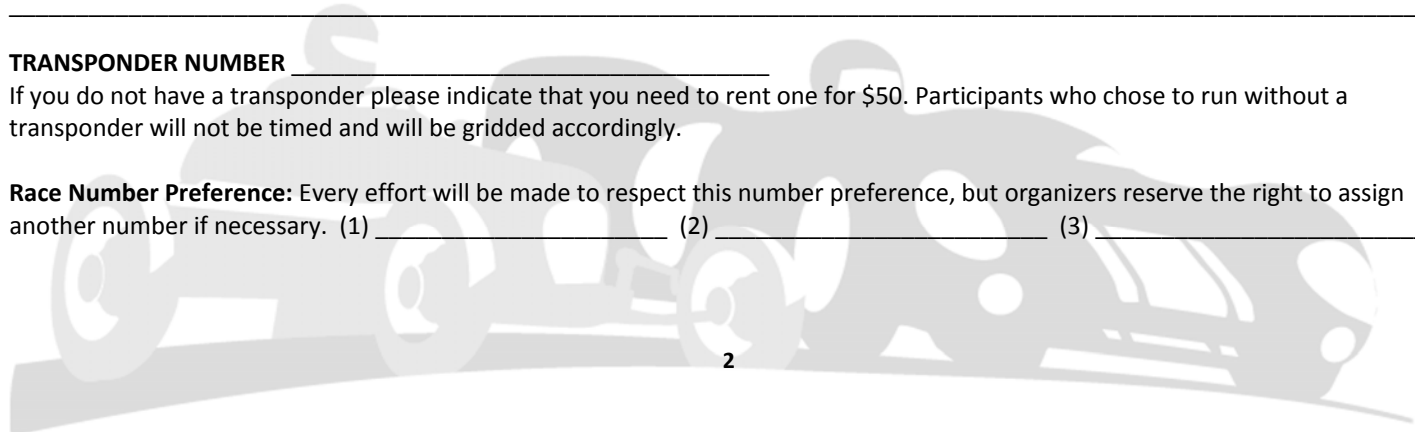


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**TRANSPONDER NUMBER** \_\_\_\_\_

If you do not have a transponder please indicate that you need to rent one for \$50. Participants who chose to run without a transponder will not be timed and will be gridded accordingly.

**Race Number Preference:** Every effort will be made to respect this number preference, but organizers reserve the right to assign another number if necessary. (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_



**PARKING**

Please note: One tow vehicle per entry will have access to the paddocks. If you have an RV and it is not a tow vehicle, it will be assigned to RV parking. **Note: Lime Rock no longer allows dogs in the park or paddocks at public events, no exceptions.**

Trailer Size: \_\_\_\_\_ Awning Size: \_\_\_\_\_ RV Size: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**CREW**

Each entered car will receive four driver/crew passes per car. Over Crew passes may be purchased at Registration for \$100/each when you arrive. You may provide crew names at Registration.

Entrant/Driver \_\_\_\_\_ Driver/Crew \_\_\_\_\_

Crew \_\_\_\_\_ Crew \_\_\_\_\_

**TEAMS**

If you are driving a car provided and prepared by a vintage racing team or someone other than yourself is transporting the car to the track, please let us know who they are.

Name of Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ E-mail or Web Address \_\_\_\_\_

**PAYMENT**

Entry is \$400 per car. If a second car is entered by one driver, a \$50 discount will apply to the second entry. Each car must have it's own entry form. **Deadline for entry June 15, 2010. No entry fees will be refunded after August 15, 2010.**

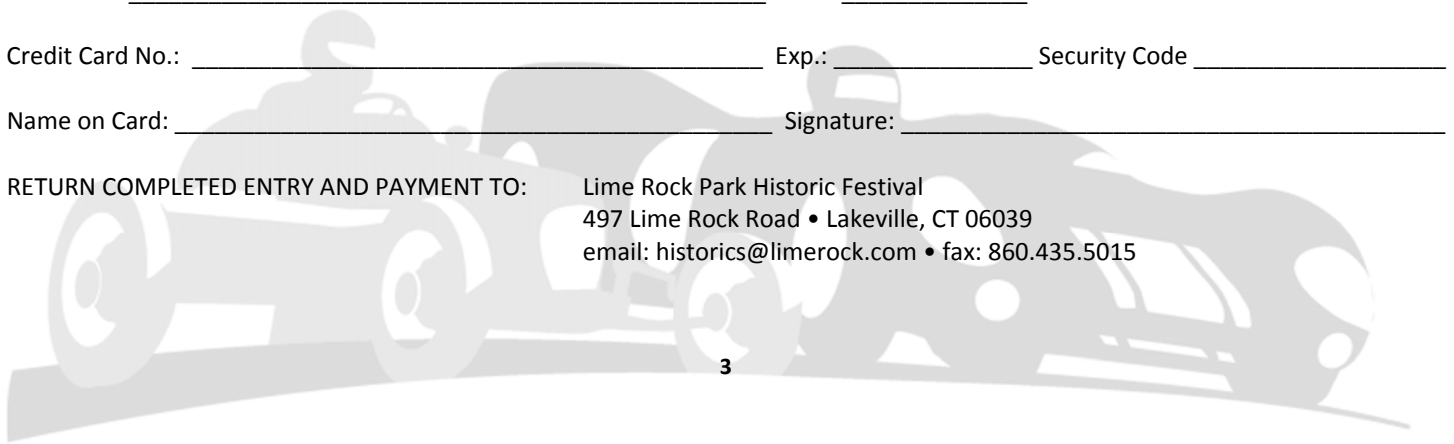
	AMOUNT	QUANTITY	TOTAL
Entry .....	\$400	_____	\$ _____
Transponder(s) .....	\$50	_____	\$ _____
			TOTAL DUE \$ _____

Check No.: \_\_\_\_\_ Date \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

RETURN COMPLETED ENTRY AND PAYMENT TO: Lime Rock Park Historic Festival  
497 Lime Rock Road • Lakeville, CT 06039  
email: [historics@limerock.com](mailto:historics@limerock.com) • fax: 860.435.5015



**MEDICAL STATUS**

Name of Driver \_\_\_\_\_ Age \_\_\_\_\_

Address or Hotel while in Lime Rock area \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Blood Type \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Current Medication \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Dentures Yes/No

Contact Lenses Yes/No

**NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**FOR OFFICE USE:**

CAR NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

DATE PAYMENT RECEIVED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ INITIAL \_\_\_\_\_

