

2010 VSCCA EVENT ENTRY FORM

Event Title and Date: VSCCA VIR Governor's Cup Races, May 15-16, 2010

Driver Name: _____ Tel. (H): _____

Street Address: _____ Tel. (W): _____

City, State, Zip: _____ E-Mail: _____

Yes: ___ No: ___ I wish to attend the VSCCA Driver's School

Yes: ___ No: ___ I hold a currently valid State drivers license.

Yes: ___ No: ___ I hold (or will hold) a currently valid (2010) VSCCA membership.

Yes: ___ No: ___ I am 18 years of age or older.

Yes: ___ No: ___ I have satisfied the VSCCA Driver Qualification Committee (DQC) requirements.

Yes: ___ No: ___ I am currently not on probation with the DQC.

Yes: ___ No: ___ I have received a comprehensive medical exam within the last 24 months.

Yes: ___ No: ___ I have no physical or mental conditions that might prevent me from participating safely in this VSCCA event.

Yes: ___ No: ___ I accept that my car may be technically inspected for compliance with VSCCA safety requirements as well as meet VSCCA Car Classification Committee requirements in regard to car preparation prior to my participation.

Yes: ___ No: ___ I have a VSCCA logbook for this car in my possession.

Yes: ___ No: ___ I understand that this is a VSCCA event where the primary objective is the safety of all participants in addition to the preservation of our vintage cars. I agree to drive in accordance with this philosophy and that I may be excluded from this event if the VSCCA Event Chairman, in their sole discretion, find that I am not in compliance.

Owner of car: _____ Tel.: _____

Street Address: _____ Tel.: _____

City State, Zip: _____

Name and phone number of person to contact in case of emergency _____ At track? _____

Car Year: ___ Make: _____ Model: _____ Color: ___ Ser #: _____

Lap time at this track: _____ Lime Rock, Summit Point, New Hampshire lap time, if known: _____

Class: (PW, Pres, U2, O2, SR, F, Etceterini): _____ Actual Displacement (cc): _____

VSCCA permanent number: _____ Actual tire size, Front: _____ Rear: _____

Actual tread width Front: _____ Rear: _____ Actual wheel size, Width (f): _____ (r): _____

Diameter (f): _____ (r): _____

Entry Fee: \$325 if postmarked before 5/1/10, \$375 postmarked after 5/1 \$ _____

Number of dinners _____ at \$ 40 per person \$ _____

Total Enclosed \$ _____

By signing this form, I acknowledge and certify that all of the above information is true and that I understand participating in a vintage speed event is mentally and physically demanding and involves an element of risk. I assert and certify that I knowingly and willingly assume said risk of participating in this VSCCA speed event. I also acknowledge and certify that I have had a comprehensive physical examination within the past 24 months and that I have no physical or mental problems that might prevent me from safely participating in this VSCCA speed event.

Signature: Driver _____ **Owner** _____

VSCCA Members Only, please make checks payable to "VSCCA Inc" and mail to:

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