



VSCCA EVENT ENTRY FORM

Friday June 4 and Saturday June 5, 2009

Driver Name: _____ E-mail: _____
Street Address: _____ Tel. (H): _____
City, State, and Zip: _____ Tel. (W): _____

Yes: ___ No: ___ My VSCCA membership is current for this year.
Yes: ___ No: ___ I am 18 years of age or older, and currently hold a valid State drivers license.
Yes: ___ No: ___ I have satisfied the VSCCA Driver Qualification Committee requirements to be placed on the list of approved drivers, and I am not currently on probation with any other club.
Yes: ___ No: ___ I have had a comprehensive medical exam within the last 24 months.
Yes: ___ No: ___ I have no physical or mental problems to prevent me from participating.
Yes: ___ No: ___ I recognize that my car must be technically examined for compliance with club safety requirements.
Yes: ___ No: ___ I have a VSCCA logbook for this car and have satisfied the VSCCA car classification.
Yes: ___ No: ___ I understand that this is a VSCCA event in which the primary and only real objective is the safety of all participants, and the preservation of our vintage cars, and I agree to drive in accordance with that philosophy, and to be excluded from the remainder of the event if the event chairman in his sole discretion finds that I am not in compliance.

Competition License (non VSCCA) Club name: _____ License #: _____ Expires _____
(please send photo copy of license)
Name & Phone of person to contact in case of emergency: _____ At Track?: _____

Car Year: _____ Make: _____ Model: _____ Color: _____
Lap time Lime Rock: _____ Summit Point: _____ New Hampshire: _____ Pocono: _____
VSCCA desired Class: (PW, Pres, U2, O2, SR, F): _____ (You may be placed in a different class)

VSCCA permanent number (car number): _____

Actual Displacement (cc): _____ Actual tire size (f): _____ (r): _____

Non VSCCA Cars ...please give us a brief description of car and modifications on back of entry form

Entry Fee for this Event: \$ 425.00 \$ _____

By signing this form, I acknowledge and certify that all of the above information is true, and I understand that participating in a vintage speed event such as this one is a mentally and physically demanding activity that involves 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 medical exam within the past 24 months, and that I have no physical or mental problems that would prevent me from safely participating in this VSCCA speed event.

Signature: Driver _____ Owner _____

Make checks payable to "VSCCA Inc.", and send to:
Charles Bordin, 9 Leatherstocking Lane, Scarsdale, New York 10583 (O. 914-968-5700)