

VSCCA WATKINS GLEN HISTORIC RACES JUNE 12th-14th, 2009

Driver Name: _____ Tel. (H): _____

Street Address: _____ Tel. (W): _____

City, State, Zip: _____

E-mail: _____ Cell: _____

Owner of car: _____ Tel. Day _____

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

Yes: ___ No: ___ My 2009 VSCCA membership is current.

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

Yes: ___ No: ___ I have satisfied the VSCCA Driver Qualification Committee (DQC) requirements to be placed on the list of approved drivers.

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

Yes: ___ No: ___ I have had a comprehensive medical exam.

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 VSCCA safety requirements

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 with no refund if the event chairman in his sole discretion finds that I am not in compliance.

Name and phone numbers of person to contact in case of emergency _____

_____ At Track? _____

Car Year: _____ Make: _____ Model: _____ Color: _____

Lap time: Wat Glen: ___ Lime Rock: ___ Summit Point: ___ New Hampshire: ___ Pocono: ___ Other: ___

Desired Class: (Fast, Slower): _____

Actual Displacement (cc): _____ VSCCA permanent number: _____

Actual tire size (f): _____ (r): _____ Actual tread width (f): _____ (r): _____

CREW NAMES (Mandatory for admittance into the track): #1: _____

#2: _____ #3: _____

Entry Fee All inclusive with up to 4 dinner tickets \$435): \$ _____

(Please take extra care that you have sent the correct amount of money)

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, and that I have no physical or mental problems that would prevent me from safely participating in this VSCCA speed event.

Signature: Driver _____ Owner _____

Please make checks for \$435.00 payable to "VSCCA Inc.", and forward to:

Sandy Sadtler, 631 Newtown Road, Berwyn, PA 19312.

Questions: E-mail: maddenryan@verizon.net, Home Tel: (610) 687-3790,

Business Tel: (610) 688-8921, Fax: (610) 688-1842
