



# The New Jersey Vintage Grand Prix Triple Crown

## VSCCA EVENT ENTRY FORM

Friday May 29, Saturday May 30 and Sunday May 31, 2009

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

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 as well as New Jersey State Regulations.

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.

Competition License (non VSCCA) Club name: \_\_\_\_\_ License #: \_\_\_\_\_ Expires \_\_\_\_\_

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 permanent number** (car number): \_\_\_\_\_ Desired Class: \_\_\_\_\_

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: \$ 410.00 \$ \_\_\_\_\_

Friday Night Kick-Off Cruise to Downtown

Millville and After Party at the Club (2 included) \$ 0.00 # \_\_\_\_\_

Additional Guests Friday night \$20.00 # \_\_\_\_\_ \$ \_\_\_\_\_

Car Show Entry on Saturday \$ 15.00/per \$ \_\_\_\_\_

Saturday Celebration Dinner (2 included) \$ 0.00 # \_\_\_\_\_

Additional Guests Saturday night at \$30.00 # \_\_\_\_\_ \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

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:

Jack Gallagher, Angelic Acres Farm, 293 Swedesboro Road, Monroeville, NJ 08343