



BMW CCA CLUB RACING

OKTOBERFEST 2003

EVENT NAME: Oktoberfest 2003 @ Texas World Speedway EVENT DATES: October 4-5, 2003

Entrant's Name: _____
Driver's Name: _____ Phone (Days) _____
Address: _____ Phone (Home) _____
City, State Zip _____, _____ Email: _____

You MUST provide a photocopy of BOTH your license and your BMW CCA membership card:

BMW CCA Membership #: _____ Chapter: _____ Expires: ___/___
BMW CCA Club Racing License?: Yes No License Number: _____ Expires: ___/___
If yes, what type? : Full Provisional* Rookie Rookie Candidate*

Co-driver information:

Driver's Name: _____ Phone (Days) _____
Address: _____ Phone (Home) _____
City, State Zip _____, _____
Email Address _____
BMW CCA Membership: *You MUST provide a photocopy #* _____ Chapter: _____ Expires: ___/___
BMW CCA Club Racing License?: Yes No License Number: _____ Expires: ___/___
If yes, what type? : Full Provisional* Rookie Rookie Candidate*

* NOTE: The Competition Steward's orientation meeting is MANDATORY for Rookie Candidates, 1st time provisional drivers and driver's competing in their first event since receiving a probation penalty.

Car Information: Year _____ Model: _____ Color(s): _____
Engine displacement: _____ Empty Weight: _____
Class: _____ Stock Prepared Modified SuperModified
BMW CCA Logbook? Yes No
AMB Transponder: Permanent Rental Transponder # _____
Car Number Desired: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

ENTRY FEES:

Garage rental (both days; no single day rentals)	\$ <u>50</u>	\$ _____
1st Driver	\$ <u>350</u>	\$ <u>350</u>
LATE ENTRY (received after September 22nd)	\$ <u>150</u>	\$ _____
CIRCLE your T-Shirt Size: S M L XL XXL		
2nd Driver	\$ <u>100</u>	\$ _____
LATE ENTRY (received after September 22nd)	\$ <u>50</u>	\$ _____
CIRCLE your T-Shirt Size: S M L XL XXL		
Make payment payable to "BMW CCA Club Racing"	TOTAL ENCLOSED	\$ _____

REFUND POLICY: Full refund for cancellations received on or before September 29th. \$100 cancellation charge for cancellations after September 29th.

***** YOU MUST RETURN YOUR MEDICAL INFORMATION SHEET WITH YOUR ENTRY *****

FOR REGISTRAR'S USE ONLY:

Date Received: _____

Return To:

Steve Olsen, Registrar
Oktoberfest Club Race
2343 Riverway Oak Dr
Kingwood, TX 77345