

Rocky Mountain PCA Club Race

September 13-14, 2003

Print or Type. Form must be completed before number assignments are made.

After September 3 there is an \$85 cancellation fee.

Pueblo Motorsports Parkway

Pueblo, CO

Driver's Name: _____
PCA Membership Number: _____
Circle One: M or A _____
Membership Expiration Date: _____
PCA Region: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: (_____) _____
Work Telephone: (_____) _____
E-mail: _____

Fees: Race Fee \$285 (includes One Dinner) \$ _____
Additional Dinner Tickets @ \$15 each \$ _____
Drivers Education Fee \$80 \$ _____
Total Amount Enclosed \$ _____
Credit Card # _____ Exp _____
No American Express
Make checks payable to: RMR PCA CLUB RACE
Will you attend the dinner Saturday night? YES NO
Drivers Ed Info Contact: Rick Goncalves
RGon20yrs@aol.com

Porsche Model: _____
Year: _____ Weight: _____
Engine Displacement: _____
Class: _____
Circle One: Stock Prepared GT

Color: _____
License Type: Circle One:
Rookie
Rookie Candidate *
1st Time Provisional *
Provisional
Full
AMB Transponder Number: _____

Requested Car Number digits:
1st _____ 2nd _____ 3rd _____
I will attend the Orientation meeting. ?
YES NO
Is this your first race? YES NO
? Meeting Friday September 12
6:30 p.m. @ Wingate Hotel.

Return completed registration form, with payment to:

Pat Dent
854 Aster Way
Golden, CO 80401
Pdent911s@aol.com

* Rookie Candidates and 1st Time Provisional must attend the orientation meeting. Drivers are required to have a PCA Club Racing License (completed license application must be received by the Club Racing Program Coordinator three weeks prior to the event).

PCA reserves the right to refuse any entry. This event is held under the current PCA Club Racing Rules.
Questions to Vicki Earnshaw (720)-981-5281 vicklm@aol.com

I agree to indemnify and hold harmless the organizers of this event and their agents, with respect to the condition and preparation of my car, or any subsequent failure or resulting to my car or its occupants as a result of such failures. I acknowledge that at all times I remain solely responsible for the safety and roadworthiness of my car. I agree to abide by the PCA Club Race Rules and the supplementary regulations of this event.
Signature _____ Date _____



Racer Medical Information

Name _____ Age _____
Car Number _____ Race Class _____ Race Group _____
PCA Club Racing Event _____

Medical Information

Current Medication? _____ Which Ones _____
Contact Lenses? _____ Last Tetanus Shot Date _____
Blood Type _____ Allergies _____

List any current Medical Condition _____

Has your medical condition changed since your PCA Physical? Yes _____ No _____
Describe _____

Your Physician's Name _____ Phone _____

IN CASE OF EMERGENCY NOTIFY

Name _____ At the Track? _____

Relationship _____ Phone _____

Signature _____