



BMW CCA CLUB RACING

VIR Grand Am Support Race ENTRY FORM

Please PRINT LEGIBLY ... somebody actually has to read this !!!

EVENT NAME: _____ EVENT DATES: _____
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*

* 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:

1st Driver \$ 350 \$ 350
LATE ENTRY (received after September 22nd) \$ 150 \$ _____

Make payment payable to "BMW CCA Club Racing" TOTAL ENCLOSED \$ _____

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

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

FOR REGISTRAR'S USE ONLY:

Date Received: _____

Return with Medical Form & Payment To:

Steve Olsen, Registrar
VIR GrandAm Support Race
2343 Riverway Oak Dr
Kingwood, TX 77345-2122



MEDICAL INFORMATION FORM

This information **MUST** be presented to the registrar to complete the registration process, without exception. Make and complete a copy for a two-driver car. **Every DRIVER must have a separate form.**

This form is given to the track medical personnel to assist them in proper treatment of an emergency at the track complex.

NAME:		AGE:
CAR NUMBER:	CAR CLASS:	HOME CHAPTER:
EVENT:		EVENT DATE:

MEDICAL INFORMATION:

Blood type: _____ Date of last tetanus shot: _____

Allergies: _____

Are you under current medical supervision? YES ___ NO ___

List all medications you are currently using: _____

Do you wear contact lenses? YES ___ NO ___

Do you have detachable dental work? YES ___ NO ___

Has your medical condition changed since your BMW CCA Club Racing physical? YES ___ NO ___

If yes, explain: _____

List any other medical information or physical conditions the Emergency Medical Team should be aware of:

Your personal physician's name: _____

City & State: _____ Phone number: _____

I HEREBY CERTIFY THAT: I will not use any controlled substances including stimulants or depressants prior to or during the course of any BMW CCA Club Racing event without the knowledge and approval of the event officials prior to such use. If I violate this pledge, I shall be subject to mandatory exclusion from the current event and may be further excluded from any driving or racing event sanctioned by BMW CCA in the future.

Driver Signature: _____ Date: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

At the track ? YES ___ NO ___

Address: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____