Mid Ohio Sports Car Course
BMW CCA Club Race
October 29-31, 2004

FOR IMMEDIATE RELEASE
FROM: Elizabeth Lutes, Event Chair (lutesje@att.net)
SUBJECT: BMW CCA Club Race at Mid-Ohio

Please join us at Mid Ohio Sports Car Course for a BMW CCA Club race on October 29-31, 2004.

- Entry forms may be downloaded from the BMW CCA Club Racing website. Entries should be mailed to:
  Buckeye Chapter BMW CCA
  c/o Lutes
  4730 Burnham Lane
  Kettering, OH 45429-1104

- Entry fee is $360 (not $350 as previously thought). Checks should be made payable to "Buckeye Chapter BMW CCA, Inc."

- There is an additional Friday Test Day available for an extra $130. You will get approximately 4 hours of track time for this $130. The Schedule for the Friday test day is in the supplemental info

- BMW CCA Club Racing will have a reserved paddock area; garages, in all likelihood will be unavailable.

- All entries must be accompanied by a photocopy of both your BMW CCA Club Racing license and BMW CCA membership card.

- Garages for the weekend may be available, contact Becky Lochner (rjlochner@woh.rr.com)

STANDARD ENTRY FORM

EVENT INFORMATION

Event Name | Event Location | Date | Cost

DRIVER INFORMATION

Name | Street Address

City | State | Zip

Day Ph. | Night Ph. | Fax

Email Address | Chapter

Club Racing License Number | Circle one: | Expire Date

Rookie Provisional Competition

EMERGENCY INFORMATION

Name | Street Address

City | State | Zip

Day Ph. | Night Ph. | Relationship

Allergies | Blood Type

Current Medical Conditions and Medications?

RACE CAR INFORMATION

Model | Color | Year

Class | Number Requested | 1st | 2nd | 3rd

TIMING & SCORING INFORMATION

Car # | Class | Color | Model | Year

Driver Name | License #

Designate who is driving in each session | 1st Practice | 2nd Practice | 1st Qualify

2nd Qualify | 1st Race | 2nd Race

Name That The Entry Is Under

It is hereby understood and agreed that the undersigned and the car described herein are to appear at the above event to compete under the BMW CCA Club Racing General Rules. I certify that my car complies with the BMW CCA Club Racing Rules. I have thoroughly read the instructions and entry form, and I hold, or will hold, the appropriate license for the event. I further waive all rights and so release unto the sponsor(s) and the BMW CCA Club Racing the use of my name and photographs of myself and my car for publicity and promotional purposes. I further hold harmless BMW CCA Club Racing, and its workers and officials, for damage to my vehicle(s) and equipment.

Signature of Driver(s):

_____

BIOGRAPHICAL INFORMATION

Name _____ Occupation_____

City/State _____ Car Type/Color/Number_____

Race Class _____ Home Chapter _____

Major Sponsors: _____

How long have you been racing? _____

Why are you Club Racing? _____

_____

Other types of racing you are doing/have done: _____

_____

Best Finish Club Racing (when/where/position)_____

Best Finish in other racing (w/w/p) _____

Favorite race track & why_____

_____

Favorite professional driver & why _____

Racing anecdotes or other information you want to share:

_____

_____

_____

_____

CONFIDENTIAL
DRIVER MEDICAL

IN ORDER TO RACE THIS FORM MUST BE COMPLETED BY EACH DRIVERS

Driver's Name _____ License #_____ Age:____

In Emergency Notify: _____ Phone #_____ Alternate #_____

Is this person at the track?: yes ___ no___

Person at Track to Notify:_____

Current Medications: _____ Blood type:_____

Drug Allergies:_____

Special Conditions:_____

Illnesses/Injuries in Past 12 months:_____

Personal Physician: _____ Phone:_____

Answer YES or NO: contact lenses___ dentures:___ asthmatic___ diabetic:___ epileptic:__ hemophiliac:___

OTHER:_____

TIMING AND SCORING INFORMATION MUST BE COMPLETED BY DRIVER

DRIVER NAME:_____

CAR MODEL AND YEAR_____COLOR:_____ CLASS:_____

CAR # _____ CLUB RACING LICENSE #_____

IS THERE ANOTHER DRIVER FOR THIS CAR? YES_____ NO _____

*IF ANSWER IS YES, NAME PRIMARY DRIVER:*_____

*NAME OTHER DRIVER(S):*_____

_____

NOTE*: EVERY DRIVER MUST SUBMIT AN ENTRY FORM & MEDICAL INFORMATION FORM*