



Mid Ohio Road Racing Classic 2004

BMW CCA Club Race

August 6-8, 2004

FOR IMMEDIATE RELEASE

FROM: Elizabeth Lutes, Event Chair (lutesje@att.net)

SUBJECT: BMW CCA Club Race in support of the MORRC

- Mid Ohio Sports Car Course has extended an invitation to all current BMW CCA Club Racing competition license holders to attend this very exciting event on August 6-8, 2004. The MORRC continues the long-standing tradition of sports car endurance racing at Mid Ohio Sports Car Course. Buckeye Chapter BMW CCA has volunteered to host a club race in support of the Grand American Road Racing Series.
- 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 \$350 and includes credentials for the driver and one crewmember. Additional passes/over-crew may be obtained for \$50 each. Credentials allow access to all other events throughout the weekend. Please indicate on your entry how many over-crew passes you will require and include payment for them with your entry fee. Checks should be made payable to Buckeye Chapter BMW CCA, Inc.
- 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.
- The schedule includes two 30 minute practice/tuning sessions on Friday (6 Aug), and a practice/qualifying session and 30 minute sprint race on both Saturday and Sunday.
- Registration will be at the track at the registration building located just inside the "Will Call" entrance on Steam Corners Rd. You and your crew must have your credentials to gain entry to the track grounds. Registration hours will be distributed along with entry confirmations.



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