

From: Nancy Becker, Registrar
nbecker@rochester.rr.com

BMW CCA Club Race

Sahlen's Sports Car Grand Prix at Watkins Glen 2004



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- Applications should be mailed to:
GVC BMW CCA
C/O Nancy Becker
PO Box 64
Victor, NY 14564
 - Entry fee is \$390 and includes credentials for the driver and three crew. Crew names must accompany your application. Additional general admission tickets may be purchased for \$25 each.
 - Your credentials will allow you access to the track for all other events through Sunday.
 - BMW CR will have it's own reserved paddock area, however as this is a professional weekend, I would not expect to have access to the garages.
 - Rookies whom have not turned a wheel at the Glen (i.e., race or driver school) are required to run Thursday's practice day. The practice day is run by WGI and will follow normal race protocol. The price is an additional \$200. Questions concerning this requirement should be directed to Stan Parker, Competition Steward. The Thursday schedule is still TBD.
 - All racers are encouraged and welcome to practice during WGI's Promoter Day on Thursday. The practice day is run by WGI and will follow normal race protocol. The price is an additional \$200. The Thursday schedule is still TDB.
 - As usual... A copy of your CR driver's license and BMW CCA membership card is required.
 - Drivers meeting will be at 7 AM in the CR Tent.
 - Registration will be at the track registration building on Bronson Hill Road. As this is a Spectator Event at WGI, you will not be able to enter the track without getting your credentials at the registration building. This is also true for all crew. You will be notified of registration hours ASAP.
 - Practice starts are required for all rookies and are expected to be run during the first practice session on Friday.
 - The event headquarters is the Seneca Lodge (607) 535-2014
 - The Preliminary Schedule for BMW CCA CR track time is:

Fri. June 18	8:00am to 8:35am	Practice & Practice Starts
Fri. June 18	11:30am to 12:00pm	Qualifying
Fri. June 18	4:30pm to 5:10pm	Race 1
Sat. June 19	8:00am to 8:45am	Race 2



STANDARD ENTRY FORM

		EVENT INFORMATION			
Event Name: Grand Am Support Race		Event Location: Watkins Glen, NY		Dates: June 18/19	Entry Fee: \$390
DRIVER INFORMATION					
Name		Street Address			
City		State		Zip	
Day Phone		Night Phone			Fax
Email Address		Chapter			
Club Racing License Number		Circle one: Rookie Provisional Competition			Expiration Date
EMERGENCY INFORMATION					
Name		Street Address			
City				State	Zip
Day Ph.		Night Ph.			Relationship
Allergies				Blood Type	
Medical Conditions and/or Medications?					
TIMING & SCORING INFORMATION					
Year	Chassis (E30, E36, etc)		Model		Color(s)
Class	Displacement	Nationally assigned number		1 st Alternate	2 nd Alternate
AMB Transponder #		NOTE:: An alternate number will be assigned if there is a number duplication. Be prepared to adjust your car number if necessary. We suggest bringing an extra "1" or "0" to add to the front or rear of your regular assigned number. It's very rare but you should be prepared.			
Additional Driver Name			Club Racing License #		
Designate who is driving in each session		1 st Practice	1 st Qualify	1 st Race	
		2 nd Practice	2 nd Qualify	2 nd Race	
		3 rd Practice	3 rd Qualify	3 rd Race	
Enduro Start:		4 th Practice	4 th Qualify	4 th Race	
<p>It is hereby understood and agreed that the undersigned and the car described herein are to appear at the above event to compete under all applicable BMW CCA Club Racing 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.</p>					
<p>Signature(s) of ALL Drivers:</p> <hr/>					



DRIVER MEDICAL INFORMATION

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 YEAR _____ CHASSIS (e30, E36, etc) _____ MODEL (325is, 330ci, etc) _____
DECLARED CLASS: _____ COLOR: _____
TRANSPONDER # _____ CAR # _____
CLUB RACING LICENSE # _____
IS THERE ANOTHER DRIVER FOR THIS CAR? YES _____ NO _____
IF ANSWER IS YES, PRIMARY DRIVER: _____
OTHER DRIVER(S): _____ Lic # _____
_____ Lic # _____

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