



Dear Club Racer,

I would like to invite you to attend the 9th annual New Jersey Chapter BMW Club Race at Lime Rock Park, Connecticut. It will be held on Monday and Tuesday, June 7 & 8. We expect a full field of racers, and plan to have two race groups.

The format will be similar to last year's, and will provide for plenty of track time – we are planning to have a race each day for both groups. On Monday afternoon, we will have a qualifying race, which will determine grid position for the featured race on Tuesday.

Our races will be held in conjunction with a driver school. There will be a party at the track Monday evening for all racers, school participants, and guests.

We will be limiting registration, so be sure to register early. A waiting list will be kept once registration is full. In order to encourage early registration, the NJ Chapter will give a **full refund** to any racer who does not put their car on the track! So, sign up now!

We are once again helping a worthwhile charity. We will be using a portion of the sponsorship money to support a valuable community resource, the Westlake School in Westfield. The school, a program of the Union County Educational Commission, offers a variety of special academic, vocational and social programs for children from five to eighteen who are neurologically impaired, emotionally disturbed, multiply handicapped or autistic. A portion of the proceeds from the Club Race will be used to support the school's summer camp program. As we have done the past few years, we have invited a group of the students to come and watch the races.

I hope you will be joining us for racing at Lime Rock. If you have any questions, please contact me.

(973) 258-9700 office
(973) 258-9272 fax
(201) 337-1787 (eves. 7 – 10 PM)
or e-mail RKKarlin@cs.com

I hope to see you at the track.

Ross Karlin
Club Race Chairman

ENTRY FORM
NEW JERSEY CHAPTER BMW CCA
CLUB RACE AT LIME ROCK PARK JUNE 7 & 8, 2004

Driver Information:

Name _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

E-Mail _____ Fax _____

Club Racing License # _____ Exp.Date _____ Circle One: Rookie Provisional Competition

Emergency Contact: Name _____ Relationship _____

Street Address _____

City _____ State _____ Will this person be at the track? _____

Day Phone _____ Evening Phone _____

Race Car Information:

BMW Model _____ Color _____ Year _____ Class _____

Number Choice: 1st _____ 2nd _____ 3rd _____

Entry Fee and Application Submittal:

Enclose a check in the amount of **\$375** payable to "NJ Chapter BMW CCA".

Mail the completed forms to: Ross Karlin, 747 McCoy Road, Franklin Lakes, NJ 07417

Driver's Certification:

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 vehicles(s) and equipment.

Signature of Driver(s) _____ **Date** _____

BMW CCA CLUB RACING

CONFIDENTIAL DRIVER MEDICAL INFORMATION

IN ORDER TO RACE, THIS FORM MUST BE COMPLETED BY ALL DRIVERS

[This information will be made available to emergency medical personnel.]

Driver's Name _____ Age _____

Car # _____ Color _____ Model _____

In Emergency, Notify: _____ Relationship _____

Day Phone _____ Night Phone _____

Is this person at the track? Yes _____ No _____

Person at Track to Notify (if different from above) _____

Medical Conditions: _____

Current Medications: _____

Drug Allergies _____ Blood Type _____

Illnesses/Injuries in Past 12 Months: _____

Personal Physician _____ Phone _____

Answer Yes or No:

Contact Lenses _____ Dentures _____ Asthmatic _____ Diabetic _____ Seizures _____ Hemophiliac _____

Other information _____

Driver's Signature _____ **Date** _____