



**CLUB RACING**

# BMW CCA Club Racing

## 2004 OKTOBERFEST CLUB RACE

July 6<sup>th</sup> & 7<sup>th</sup> at California Speedway

**Entrant's Name:** \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_ Phone (Home) \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone (Days) \_\_\_\_\_

**City, State Zip** \_\_\_\_\_, \_\_\_\_\_

**Email Address** \_\_\_\_\_

**BMW CCA Membership:** *You MUST provide a photocopy #* \_\_\_\_\_ Chapter: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

**BMW CCA Club Racing License?:**  Yes  No License Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

If yes, what type?:  Full  Provisional\*  Rookie  Rookie Candidate\*

\*Do you intend to acquire your BMW CCA Club Racing license at this event?  Yes

**Enduro co-driver information:**

**Driver's Name:** \_\_\_\_\_ *NOT APPLICABLE* Phone (Home) \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone (Days) \_\_\_\_\_

**City, State Zip** \_\_\_\_\_, \_\_\_\_\_

**Email Address** \_\_\_\_\_

**BMW CCA Membership:** *You MUST provide a photocopy #* \_\_\_\_\_ Chapter: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

**BMW CCA Club Racing License?:**  Yes  No License Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

If yes, what type?:  Full  Provisional\*  Rookie  Rookie Candidate\*

Do you intend to acquire your BMW CCA Club Racing license at this event?  Yes

**\* NOTE:** *The orientation meeting is MANDATORY for Rookie Candidates, 1st time provisional drivers and special invited guests.*

**Car Information:** Year \_\_\_\_\_ Model: \_\_\_\_\_ Color(s): \_\_\_\_\_

Engine displacement: \_\_\_\_\_ Empty Weight: \_\_\_\_\_

Class: \_\_\_\_\_  Stock  Prepared  Modified

**BMW CCA Logbook?**  Yes  No

**AMB Transponder:**  Permanent  Rental Transponder # \_\_\_\_\_

**Car Number Desired:** 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_

### ENTRY FEES:

<b>1<sup>st</sup> Driver</b>	All races, 1 T-shirt, 1 paddock pass – Mark you shirt size below T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> Xlrg <input type="checkbox"/> XXlrg	\$ 395	\$ <u>395</u>
<b>2<sup>nd</sup> Driver</b>	For any other driver not otherwise participating as a paid entrant T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> Xlrg <input type="checkbox"/> XXlrg	\$ 75	\$ _____
<b>LATE ENTRY FEE</b>	(for entries received after June 25 <sup>th</sup> )	\$ 100	\$ _____
<b>Extra T-shirts</b>	T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> Xlrg <input type="checkbox"/> XXlrg <i>NOTE: extra t-shirt sizes cannot be guaranteed if order placed after June 21<sup>st</sup></i>	____ @ \$20ea	\$ _____
<b>Make payment payable to "BMW CCA CLUB RACING"</b>		<b>TOTAL ENCLOSED</b>	\$ _____

**REFUND POLICY:** A full refund will be made for all cancellations received prior to June 25<sup>th</sup>. After June 25<sup>th</sup>, all cancellations are subject to a \$95 administrative fee.

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

**FOR REGISTRAR'S USE ONLY:**

Date Received: \_\_\_\_\_

*Return with payment, medical info sheet & photocopies of current license and BMWCCA membership card to:*

Fran Hughes, Registrar  
2983 Darien Ln  
Twinsburg, OH 44087  
[Fhughesbmw@aol.com](mailto:Fhughesbmw@aol.com) FAX: 330-963-7223