



Dear Club Racer,

I would like to invite you to participate in our 7<sup>th</sup> Annual New Jersey Chapter Club Race at Summit Point Raceway on Saturday and Sunday, August 14 & 15, 2004.

Early plans are for the format to be the same as last year, and provide for a lot of racing: On Saturday afternoon, there will be a qualifying race, which will determine grid position for the featured race on Sunday. The Sunday race will be a one-hour enduro, with a mandatory 5-minute pit stop. Driver changes are permitted, so you may share your car, or drive the entire race yourself.

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!

If you are going to be sharing a car for the event, each driver needs to submit an application, although there will be only one entry fee for the car. Please put a note to that effect on the application.

Our races will be held in conjunction with a chapter drivers school. There will be a barbecue at the track Saturday evening for all racers, drivers school participants, and guests. All this, and for only \$375.

I hope you will be able to attend. If you have any questions, please contact me

(973) 258-9700 office  
(973) 258-9272 fax  
(201) 337-1787 (7 – 10 PM)  
E-mail: [RKKarlin@cs.com](mailto: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 SUMMIT POINT RACEWAY, AUGUST 14 & 15, 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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**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** \_\_\_\_\_