

Michael Gilbert

From: club-racing-list-admin@bimmers.com on behalf of KLchmn@aol.com
Sent: Thursday, December 25, 2003 4:25 PM
To: Pacific@bmwccaclubracing.com; club-racing-list@bimmers.com
Subject: [CR] LV club race payment options

Gruppe,

In response to a question on the types of payment we can accept for the LV club race:

- 1) Check or money order (cash goes straight to my race fund! <g>)
- 2) Visa/MasterCard

If you choose to use Visa/MasterCard, then please provide the following:

The cardholder's name (exactly as printed on the card), card type (Visa/MasterCard only), card number, expiration date, and a signature so you still have to mail it in.

Mail the applications in to:

Sin City BMW Club
PO Box 34363
Las Vegas, NV 89133-4363

The national office processes them for us (so be patient for it to show up on your bill).

The application is on the CR website now.

Enter early, enter often...

Cheers,

Kirk Lachman
Driving Events Coordinator
Sin City Chapter
'95 M3 #21 I-stock



STANDARD ENTRY FORM

				EVENT INFORMATION							
Event Name				Event Location				Dates		Entry Fee	
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 # _____





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