

**Glen Region SCCA, Inc. presents The Last Chance of 2013**

Watkins Glen International Race Track - October 6, 2013

Held under the Sports Car Club of America General Competition Rules and these Supplemental Regulations.

**ENDURO - SCCA Sanction # 13-E-2584-S**

**DRIVER INFORMATION (Please Print)**

Enduro Team Name (required):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Street, City, State, Zip):

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

SCCA License #: \_\_\_\_\_ Region of Record: \_\_\_\_\_

License Grade: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ADDITIONAL ENDURO DRIVERS (each must submit a "DRIVER #2 OR #3 ENTRY FORM")**

Driver #2: \_\_\_\_\_ Driver #3: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ At the track? \_\_\_\_\_ Where? \_\_\_\_\_

Address (Street, City, State, Zip):

Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**ENTRANT (if different from driver)**

Entrant Name: \_\_\_\_\_ SCCA Mbr #: \_\_\_\_\_

Address (Street, City, State, Zip):

Phone: ( ) \_\_\_\_\_ Sponsor: \_\_\_\_\_

**CAR INFORMATION**

Year/Make/Model: \_\_\_\_\_ Class: \_\_\_\_\_

Desired Numbers: \_\_\_\_\_ Color: \_\_\_\_\_

**CREW INFORMATION**

Name: \_\_\_\_\_ SCCA Mbr #: \_\_\_\_\_

Name: \_\_\_\_\_ SCCA Mbr #: \_\_\_\_\_

Name: \_\_\_\_\_ SCCA Mbr #: \_\_\_\_\_

Name: \_\_\_\_\_ SCCA Mbr #: \_\_\_\_\_

**ENTRY FEES (Make checks payable to Glen Region SCCA, Inc.)**

Enduro Entry Fee - check one (\*required information): CASH [ ] CHECK [ ] \*MC [ ] \*VISA [ ] \$ 600.00

Garage Fee: (SEPARATE CHECK) add \$95.00 (1st come/1st served per postmark, non-refundable)

Overcrew: Number over allowance \_\_\_\_\_ X \$10.00 each

Worker Fund (optional):

\*\*\*\*\*Entry must be received by **MIDNIGHT on October 1, 2013**\*\*\*\*\*

\*Credit Card #: \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_  
\*Name: \_\_\_\_\_ \*Exp. Date: \_\_\_\_\_

**SIGNATURES**

It is understood and agreed that the undersigned and the car described above are to compete according to the SCCA General Competition Rules and these Supplementary Regulations.

Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Entrant: \_\_\_\_\_ Date: \_\_\_\_\_

**TIMING & SCORING**

Name: \_\_\_\_\_ Hometown/State: \_\_\_\_\_

Transponder #: \_\_\_\_\_ Color: \_\_\_\_\_

Class: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Car Make / Yr: \_\_\_\_\_

Mbr #: \_\_\_\_\_ Region of Record: \_\_\_\_\_

**DRIVER #1  
ENDURO  
ENTRY FORM**

**OFFICIAL USE ONLY**

RACE GROUP:

**ENDURO**

CAR #:

POSTMARK:

DATE RECVD

AMT RECVD:

POSTED:

COMMENTS:

Mail this  
COMPLETED Entry Form to:

Glen Region SCCA, Inc.  
Terri Dobbs, Registrar  
611 Hatfield St.  
Horseheads, NY 14845

Express Mail, FedEx, UPS  
Accepted only if  
**NO** signature is required.

**OFFICIAL USE ONLY**

RACE GROUP:

**ENDURO**

CAR #: