



Please Print In Ink or Type

Driver Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Eve Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Social Security or Tax ID number \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Do you hold a NASA Competition License? \_\_\_\_\_ Exp \_\_\_\_\_

OFFICE USE ONLY

OFFICIAL ENTRY FORM

Date of race \_\_\_\_\_ Track \_\_\_\_\_

Are you running for points at this race? \_\_\_\_\_

Car make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Engine CC \_\_\_\_\_ Color \_\_\_\_\_

Car number preference \_\_\_\_\_ AMB Trans No \_\_\_\_\_

Sponsor \_\_\_\_\_

I understand that this event is governed by the Club Codes and Regulations and in cases of dispute the decision of the Event Chairman or Event Director is final.

I have been examined by a physician and am physically fit to participate in a high stress and physically demanding sporting event. I am not suffering from any diseases or disorders or under any drugs, legal or illegal, that would affect my performance at this event. I understand that this activity is not recommended for pregnant women.

I agree to allow NASA and USTCC and/or its sponsors to use my name and likeness in any manner for publication.

I have read and understood the above.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees

Race entry fee \$750 \_\_\_\_\_

Series entry fee \$250 (one time) \_\_\_\_\_

Late Fee \$50 (if less than 10 days to race) \_\_\_\_\_

Total enclosed \_\_\_\_\_

Entries at track will be assessed a \$50 late fee. Deadline for all events is 10 days before the event.

Make checks payable to: USTCC PO Box 21750 Richmond, CA 94820

Returned checks will be charged a \$100.00 service charge.