



ENTRY FORM

CASCADE SPORTS CAR CLUB'S 6/12 HOURS OF THE CASCADES
October 16th & 17th, 2009

TEAM NAME: <hr/>	For Registrar Use Only (Team Number)
DRIVER NAME: <hr/>	

STREET ADDRESS, CITY, STATE, ZIP: <hr/>	
TELEPHONE NUMBER:	EMAIL ADDRESS (OPTIONAL)

NOTE: EACH DRIVER MUST FILL OUT ENTRY FORM WITH ALL INFORMATION REQUESTED

LICENSE #: <hr/>	<input type="checkbox"/> ICSCC <input type="checkbox"/> SCCA <input type="checkbox"/> National <input type="checkbox"/> CACC <input type="checkbox"/> FIA <input type="checkbox"/> ASN <input type="checkbox"/> NASA <input type="checkbox"/> OTHER- Unlisted licenses must be approved by the ICSCC License Director: Randy Blaylock prior to entry close. Randy's contact info: license_director@icscc.com 206-398-9283	CIRCLE ONE/ "X" ONE 6 HOUR 12 HOUR P1 _____ P2 _____ P3 _____ SR _____
CLUB AFFILIATION: <hr/>		

PLEASE ENTER ALL INFORMATION FOR THE VEHICLE YOU ARE ENTERING

CAR MAKE	CAR MODEL	CAR COLOR(S)	<u>ENDURO TRANSPONDER #</u>
SPONSORS			
ENGINE DISPLACEMENT:		CAR OWNER OR DRIVER DESIGNATED TEAM LEADER	
ENTRY FEE ENCLOSED (US Funds only)	WORKER FUND CONTRIBUTION	TOTAL :	
PERSON/TELEPHONE # FOR EMERGENCY CONTACT:			

DRIVERS ENTERED ON TEAM

DRIVER	NAME	DRIVER	NAME
1		4	
2		5	
3		6	

APPLICANTS LEGAL SIGNATURE: _____ DATE: _____