



ENTRY FORM

CASCADE SPORTS CAR CLUB'S 8 HOURS OF THE CASCADES

October 15th, 2011

TEAM NAME: _____	For Registrar Use Only (Team Number)
DRIVER NAME: _____	

STREET ADDRESS, CITY, STATE, ZIP: _____	
TELEPHONE NUMBER:	EMAIL ADDRESS (OPTIONAL)

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

LICENSE #: _____	<input type="checkbox"/> ICSCC <input type="checkbox"/> SCCA 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: Bob Mearns prior to entry close. Bob's contact info: license_director@icscc.com 206-713-3345	CLASS (CIRCLE ONE) E1 E2 E3 ESR L1 L2 L3
CLUB AFFILIATION: _____		

PLEASE ENTER ALL INFORMATION FOR THE VEHICLE YOU ARE ENTERING

CAR MAKE	CAR MODEL	CAR COLOR(S)	<u>ENDURO TRANSPONDER #</u>
CAR NUMBER	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: _____

