



BMW CCA CLUB RACING EVENT ENTRY FORM

Please PRINT LEGIBLY ... somebody actually has to read this !!!

EVENT NAME: _____ EVENT DATES: _____

Entrant's Name: _____

Driver's Name: _____ Phone (Days) _____

Address: _____ Phone (Home) _____

City, State Zip _____, _____

Email Address _____

BMW CCA Membership: *You MUST provide a photocopy #* _____ Chapter: _____ Expires: ___/___

BMW CCA Club Racing License?: Yes No License Number: _____ Expires: ___/___

If yes, what type? : Full Provisional* Rookie Rookie Candidate*

Co-driver information:

Driver's Name: _____ Phone (Days) _____

Address: _____ Phone (Home) _____

City, State Zip _____, _____

Email Address _____

BMW CCA Membership: *You MUST provide a photocopy #* _____ Chapter: _____ Expires: ___/___

BMW CCA Club Racing License?: Yes No License Number: _____ Expires: ___/___

If yes, what type? : Full Provisional* Rookie Rookie Candidate*

** NOTE: The Competition Steward's orientation meeting is **MANDATORY** for Rookie Candidates, 1st time provisional drivers and driver's competing in their first event since receiving a probation penalty.*

Car Information: Year _____ Model: _____ Color(s): _____
Engine displacement: _____ Empty Weight: _____
Class: _____ Stock Prepared Modified SuperModified

BMW CCA Logbook? Yes No

AMB Transponder: Permanent Rental Transponder # _____

Car Number Desired: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

ENTRY FEES:

Garage rental \$ _____ \$ _____

1st Driver \$ _____ \$ _____

OPTIONAL Extra events (Enduro, etc) \$ _____ \$ _____

LATE ENTRY (received after _____) \$ _____ \$ _____

2nd Driver \$ _____ \$ _____

OPTIONAL Extra events (Enduro, etc) \$ _____ \$ _____

LATE ENTRY (received after _____) \$ _____ \$ _____

Make payment payable to " _____ " TOTAL ENCLOSED \$ _____

REFUND POLICY: _____

***** YOU MUST RETURN YOUR MEDICAL INFORMATION SHEET WITH YOUR ENTRY *****

FOR REGISTRAR'S USE ONLY:

Date Received: _____

Return To: