



**VIR Open Practice – SCCA March Memories  
March 11,2011  
APPLICATION FOR ENTRY**

Car: \_\_\_\_\_

Driver(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

Fee: \$235 by March 1, 2011- \$275 after March 1,2011

Paid by: \_\_\_\_\_

(cash or credit card – if advance registration, include credit card number and expiration date)

**All drivers must possess a current competition license.**

License: \_\_\_\_\_  
(sanctioning body and number)

**MEDICAL INFORMATION FOR DRIVER**

Age: \_\_\_\_\_ Blood type: \_\_\_\_\_ Drug allergies:

\_\_\_\_\_

Date of last tetanus inoculation:

\_\_\_\_\_

List any special conditions:

\_\_\_\_\_

Whom to reach in case of emergency:

\_\_\_\_\_

(name and contact information)

Check if applicable: ( ) Epileptic ( ) Asthmatic ( ) Diabetic ( ) Contacts

I certify that the above information is accurate, that my racing license is valid and not under suspension. I further certify that I understand racing is an inherently dangerous activity that can cause serious injury or death and assume all the risk thereof and further hold VIR Operations, LLC and its agents and affiliated companies harmless from my participation the open practice.

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

Please fax completed form to VIR at 434-822-8033 or email to [trackrental@virclub.com](mailto:trackrental@virclub.com)