



**VIR Open Practice
APPLICATION FOR ENTRY**

Car: _____

Driver(s): _____

Address: _____

City, State, Zip: _____

Phone _____

Email: _____

Fee: \$235 by February 26, 2010, \$275 after February 26, 2010

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