



**VIR Open Practice
APPLICATION FOR ENTRY**

Car: _____
Driver(s): _____
Address: _____
City, State, Zip: _____
Phone _____
Email: _____
Fee: \$325 by March 31, 2009, \$375 after March 31, 2009
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