

**NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ (If under 18 parent or guardian must sign a waiver)

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**SCCA MEMBERSHIP #:** \_\_\_\_\_

**CAR INFORMATION**

**YEAR:** \_\_\_\_\_ **MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_ **CAR #:** \_\_\_\_\_

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**COLOR:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_ **CAR #:** \_\_\_\_\_