



ENTRY FORM

CASCADE SPORTS CAR CLUB'S 6/12 HOURS OF THE CASCADES

October 16th & 17th, 2009

TEAM NAME: _____ DRIVER NAME: _____	For Registrar Use Only (Team Number)
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STREET ADDRESS, CITY, STATE, ZIP: _____ _____	
TELEPHONE NUMBER:	EMAIL ADDRESS (OPTIONAL)

NOTE: EACH DRIVER MUST FILL OUT ENTRY FORM WITH ALL INFORMATION REQUESTED

LICENSE #: _____ CLUB AFFILIATION: _____	___ ICSCC ___ SCCA National ___ CACC ___ FIA ___ ASN ___ NASA ___ OTHER- Unlisted licenses must be approved by the ICSCC License Director: Randy Blaylock prior to entry close. Randy's contact info: license_director@icscc.com 206-398-9283	CIRCLE ONE/ "X" ONE 6 HOUR 12 HOUR P1 _____ P2 _____ P3 _____ SR _____
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PLEASE ENTER ALL INFORMATION FOR THE VEHICLE YOU ARE ENTERING

CAR MAKE	CAR MODEL	CAR COLOR(S)	<u>ENDURO TRANSPONDER #</u>
SPONSORS			
ENGINE DISPLACEMENT:		CAR OWNER OR DRIVER DESIGNATED TEAM LEADER	
ENTRY FEE ENCLOSED (US Funds only)	WORKER FUND CONTRIBUTION	TOTAL :	
PERSON/TELEPHONE # FOR EMERGENCY CONTACT:			

DRIVERS ENTERED ON TEAM

DRIVER	NAME	DRIVER	NAME
1		4	
2		5	
3		6	

APPLICANTS LEGAL SIGNATURE: _____ DATE: _____