

Car # _____

Competition Entry Blank and Release

Arrowhead Sports Car Club, Inc., Duluth, Minnesota



Event - _____
Location - _____
Date - _____

Please PRINT clearly and fill in completely

Driver	Name _____ ASCC or SCCA member? yes / no
	Address _____
	City _____ State _____ Zip _____
	Phone number _____

Navigator	Name _____ ASCC or SCCA member? yes / no
	Address _____
	City _____ State _____ Zip _____
	Phone number _____

Vehicle	Make _____ Model _____
	Year _____ Color _____
	Class (Circle one): A B C D

I hereby release the Arrowhead Sports Car Club, Inc., a Minnesota Non-profit corporation, their agents and representatives, _____ (city, county) from all liability for damages of any kind resulting from my participation in this event.

I also note that moving traffic violations or the consumption of any alcoholic beverage or illegal drug during participation in this event will be proper cause for disqualification.

I have fully read and understand the above:

Driver: _____ Date _____

Navigator: _____ Date _____

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Entry Fee: ASCC or SCCA members, (\$20.00 / \$25.00) _____
All others, (\$25.00 / \$30.00) _____
Paid: Check # _____ Cash _____