

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 _____

=====

Entry Fee: ASCC or SCCA members, (\$20.00 / \$25.00) _____

All others, (\$25.00 / \$30.00) _____

Paid: Check # _____ Cash _____

ASCC Winter Rally Series

Technical Inspection

_____ CAR # _____ MAKE/MODEL

DRIVER / NAVIGATOR _____

INSPECTION REQUIREMENTS

- _____ Headlights (high & low beams)
- _____ Parking lights
- _____ Taillights
- _____ Brakelights
- _____ Footbrakes and parking brake
- _____ Directional signals
- _____ Horn
- _____ Windshield wipers
- _____ Rear-view mirror
- _____ Seat belts
- _____ Tires (inspect condition/tread)
- _____ Spare tire
- _____ Jack
- _____ Warning triangle or safety flares
- _____ Tow rope/strap
- _____ Competition class equipment limitations (which class equipment)

Comments: _____

Approved by: _____

ASCC Official Scorecard

Please fill out the names of the driver and navigator, car# and class before starting the rally. **Time In** and **Time Out** to be filled in only by Control Workers, except for DIYCs. Please calculate your scores for individual legs and put the score in the "**Penalty Points**" box for each leg. Hand in this scorecard at the endpoint. Leg scores will be totaled by the scoring team.

Car #:	Driver: _____	Total score:
Class:	Navigator: _____	Finish position:
Car (Year, make, model, color): _____		

Leg Number	1	2	3	4
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	5	6	7	8
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	9	10	11	12
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				

ASCC Contestants' Scorecard

Please fill out the names of the driver and navigator, car# and class before starting the rally.

This scorecard is provided for the rally team to keep track of their scores.

Car #:	Driver: _____	Total score:
Class:	Navigator: _____	Finish position:
Car (Year, make, model, color): _____		

Leg Number	1	2	3	4
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	5	6	7	8
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	9	10	11	12
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				

Car #:
Class:

Driver: _____

Navigator: _____

Car (Year, make, model, color): _____

Total score:
Finish position:

Leg Number	1	2	3	4
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	5	6	7	8
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	9	10	11	12
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				
Leg Number	13	14	15	16
Time In				
Time Out				
Elapsed Time				
Official Leg Time				
Difference				
Penalty Points				

Time Allowance Form

CAR #: _____

CONTROL: _____

Please circle the Time Allowance that you wish to claim.

0:30	1:30	2:30	3:30	4:30
5:30	6:30	7:30	8:30	9:30

You must hand this form in at the next open control before receiving your time-in.

Time Allowance Form

CAR #: _____

CONTROL: _____

Please circle the Time Allowance that you wish to claim.

0:30	1:30	2:30	3:30	4:30
5:30	6:30	7:30	8:30	9:30

You must hand this form in at the next open control before receiving your time-in.

Time Allowance Form

CAR #: _____

CONTROL: _____

Please circle the Time Allowance that you wish to claim.

0:30	1:30	2:30	3:30	4:30
5:30	6:30	7:30	8:30	9:30

You must hand this form in at the next open control before receiving your time-in.

Time Allowance Form

CAR #: _____

CONTROL: _____

Please circle the Time Allowance that you wish to claim.

0:30	1:30	2:30	3:30	4:30
5:30	6:30	7:30	8:30	9:30

You must hand this form in at the next open control before receiving your time-in.