



VIR Historic Races



Application for Entry
June 2 – 4, 2017



Entrant Information

Driver and Co-Driver must hold a competition license with HSR or recognized VMC organization with current medical. Non-Members must include copy of VMC recognized license with entry.

Driver _____ HSR Member # _____ Email _____
Co-Driver _____ HSR Member # _____ Email _____
Other Racing Organization _____ Member # _____
Phone _____ Fax _____

Car Information

Please fill out one entry form per car entered. Fields below are required information.

Year _____ Make _____ Model _____ Color _____ Disp _____
Transponder # _____ Car Number Preference: 1: _____ 2: _____ 3: _____

Crew Information

Entry includes driver and 3 crew spaces.

Crew: 1: _____ 2: _____ 3: _____

Entry Fees:

Race Entry includes a total of 4 racing credentials and entry to social events. Please check each event you wish to participate in.

Event	Non-Member	Member
WeatherTech Sprint Race Entry	\$650 _____	\$625 _____
B.R.M Endurance Challenge (Must be entered in Sprint Race)	\$300 _____	\$245 _____
Late Fee – Entry received after May 26, 2017	\$100 _____	\$100 _____
Overcrew Fee (if crew exceeds allotted amount of credentials) _____ @ \$50 each		\$ _____
	Amount of Entry: \$ _____	
Credit Used from: _____ Event: \$ _____		
	Amount Enclosed: \$ _____	

The applicant (including crew, driver and car owner) agrees to conform to the rules, procedures and policies of HSR and waives any right to claim against, and covenants not to sue HSR, its officers, directors, employees, agents or any drivers' committee with respect to the interpretation or application of any rules, procedures or policies.

Transponders:

AMB Transponders are mandatory. To purchase or rent an AMB transponder, please contact Janet Harhay, jharhay@aol.com. Transponder purchase/rental form can be found on the HSR website under "forms".

Cancellation Policy:

Credits expire after one year from event cancelled. No credits will be issued for cancellations of Test Day after May 26, 2017. HSR does not issue refunds.

Credit Card Payment:

__ Visa __ MC __ AmEx _____ Exp Date _____ CVV _____

Signature _____

Make Checks Payable to HSR
Mail Entry and payment to HSR
P.O. Box 8110, Clearwater, FL 33758
Ph: 727-573-1340 Fax: 727-573-1350
registrar@hsrace.com

For Official Use Only

Entry Rec'd _____ Pymt Rec'd _____
CC _____ Ck# _____ Amt \$ _____

