

FALL HISTORICS - ENTRY FORM
September 20 - 23, 2018

Entrant Information

Driver and Co-Driver must hold a competition license with HSR or recognized VMC organization with current medical. Non-Members must include a copy of VMC recognized license with entry, entries received without a license copy will delay processing. Submission of entry form does not guarantee acceptance of entry.

Driver _____ City/State: _____
HSR Member # _____ Email _____
Co-Driver _____ City/State: _____
HSR Member # _____ Email _____
Other Racing Organization _____ Member # _____
Phone _____

Car Information

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

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

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.

Table with 3 columns: Event, Non-Member, Member. Rows include WeatherTech Sprint Race Entry, B.R.M Endurance Challenge, Test Day, Late Fee, and Overcrew.

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 September 6, 2018. 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 \$ _____