



ENTRY FORM

September 28-29, 2007

Entry Fees:		Cars	Bikes		Make checks payable to: Lewis County Chamber of Commerce Mail checks and entry forms to: Black River Stages Rally C/O Keith Kreisler, Registrar 228 Riverview Road Rexford, NY 12148
Early	(RECEIVED no later than 9/8)	\$500	\$200	\$ _____	
Regular	(RECEIVED from 9/9 to 9/26)	\$600	\$250	\$ _____	
Late	(9/28)	\$700	\$300	\$ _____	
Total Enclosed				\$ _____	
Int'l Rally New York Competitors Check Here _____ Canadian entries accepted at par. Entry Fee includes Route Notes and entry to the post-event party.					

	ENTRANT	DRIVER	CO-DRIVER
Team Name			
Last Name			
First name			
NASA Membership #			
Nationality (as Passport)			
Postal address	1.	2.	3.
Indicate address where ALL correspondence is to be sent (Circle 1, 2, or 3)			
Telephone No. (business)			
Telephone No. (private)			
Mobile Telephone No.			
Fax No.			
E-mail Address			
Team Website Address			
Competition License No.			
Type of License (FIA, NASA, USAC, etc.)			
Issuing ASN (FIA/Internt'l)			
Driving License No.			
Country of Issue			

DETAILS OF THE VEHICLE

Current Vehicle #			
Make		Registration No.	
Model		C.C.	
Year of Manufacture		Body No.	
Group / Class		Engine No.	
Homologation No.		Predominant Color	
Country of Registration		Logbook No.	



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SEEDING INFORMATION

Driver _____ Speed Factor _____

Car _____ Group / Class _____

FIA Priority A YES / NO FIA Priority B YES / NO

Previous FIA, Regional, or National Seed YES / NO

If yes, Region _____ Year _____ Seed _____ Priority _____

Championship Winner? YES / NO

If yes, name Championship _____ Year _____ Place _____

	Year	Event	Car	Group	O/A Position	Class Position	No. of Finishers
Intern't'l							
National							
Other							

In case of emergency, contact:

For Driver _____ Phone _____

For Co-Driver _____ Phone _____

List any medical conditions we should be aware of:

Driver _____

Co-Driver _____

ACKNOWLEDGEMENT AND AGREEMENT

By signing this form, I declare that all the information contained on the entry form is correct. I acknowledge and agree in full to all terms and conditions relating to my participation in this event, as stated in the Supplementary Regulations and all other relevant Rules and Regulations.

For Entrant _____ Name/Title _____ Date _____
Signature

Driver _____ Co-Driver _____ Date _____
Signature Signature

**BLACK RIVER STAGES
SERVICE CREW AND VEHICLE
REGISTRATION FORM**

DRIVER NAME

CO-DRIVER NAME

CAR #

SERVICE CREW

- * All crew members must sign the waiver.
- * List all crew members below. Additional names may be added at Registration.

Crew Chief _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

SERVICE VEHICLE(S)

Vehicle 1

Make _____ Model _____ Year _____ Color _____
Lic # / State _____ Insurer _____ Policy # _____

Vehicle 2

Make _____ Model _____ Year _____ Color _____
Lic # / State _____ Insurer _____ Policy # _____

Will these vehicles service for any additional teams? _____ If so, list all car numbers _____

INSURANCE WARRANTY

DOCUMENTATION SHOWING LIMITS MUST BE SHOWN AT REGISTRATION

I warrant that all service vehicles have current minimum liability insurance coverage of \$100,000/\$200,000/\$50,000 which meets or exceeds the vehicle insurance standards established and required by NASA.

_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Vehicle 1 Owner Signature	Print Name	Date

_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Vehicle 2 Owner Signature	Print Name	Date