

Formula Race Car Club of America

Phone/FAX – 570-669-9589

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Web: formularacecarclubofamerica.com

RACE ENTRY FORM

MUST BE FILLED OUT "NEATLY AND COMPLETELY" DO NOT write 'SAME', ANYWHERE on this paper

Racecar's
Make/Model _____ Year _____ Colors _____ Class _____ Car # _____

Drivers Name _____ Phone # _____

Address _____ City/State _____ Zip _____

FRCCA Member & Competition License # _____

Any Other Competition License # and Issuing Club _____

Insurance Beneficiary _____ Relationship _____

Address _____ City/State _____ Zip _____

Sponsor (s) Name (s) & City _____

DO NOT WRITE IN SHADED AREA – UNTIL RACEDAY

Crew Members

(1) _____ (2) _____

(3) _____ (4) _____

I agree to enter under the General Competition Rules of the Formula Race Car Club of America.

I also confirm that the car of which I have entered complies with all the requirements as specified in the FRCCA G.C.R. for the class, category and race in which it is entered.

Drivers

Please fill out completely. This half gets detached and given to the Ambulance.

Drivers Name _____ Age _____ Blood Type _____

On Current Medications _____ Last Tetanus Vacc. _____

Drug Allergies _____

Special Conditions _____

Illness /Injury in the past 12 Months _____

Answer Yes or No: Contacts _____ Dentures _____ Asthmatic _____ Diabetic _____ Epileptic _____

Hemophiliac _____ High Blood Pressure _____ Organ Donor/ Where? _____

Religious Preference _____

Personal Physician _____ Phone # _____

Address _____ City/State _____ Zip _____

In an emergency notify _____ Phone # _____

Address _____ City/State _____ Zip _____



I certify no changes _____

Date _____

**OFFICIAL
USE ONLY**

**Transmitter
#**

Race #

Pmt Rec'd.

Credit Bal.

\$

Cash
Ck. #

Money Owed

\$

**OFFICIAL
USE ONLY
AMBULANCE
COPY**

Race #

Car #

Class

**Emergency
Contact
At Track**

Yes / No