



VSCDA Elkhart Lake Vintage Festival XXII[®]

Feature Marque - Mustang
September 14, 15 & 16, 2007
Road America

N7390 Highway 67 • Elkhart Lake, WI 53020

DRIVERS – To enter you must be a VSCDA member, have a current Physician’s Medical and Car Prep Sheet on file; Groups 2, 6 and 8 must have a 2007 Sheet, no exceptions. Please complete this entire Entry and submit with a Track Side Medical form.

Name _____
Address _____
City/Province _____
State/Country _____ Zip _____
Numbers (H) _____ (W) _____
(C) _____ (F) _____
E-mail _____

ENTRY FEES - Please check all that apply.

- Membership - New or Renewal \$70
- 3 Day Races \$390
Included with Entry: 2 Crew and the Elkhart Lake Road Race Re-enactment Tour
- Postmarked after August 24, 2007 \$420
- Additional Race Car(s) # _____ @ \$135 \$ _____
- Motorized Pit Vehicle(s) # _____ @ \$25 \$ _____
- Motorhome Camping - Weekend \$50
- Tent Camping - Weekend \$35
- Saturday Enduro – Groups 2, 3, 4, 5, 6 and 8 \$75
Enduro Co-Driver must register by 9/11/07
- Saturday Night Dinner at the Osthoff Resort
Guests – Tony DeLorenzo & Mitch Marchi
Adult’s Dinner Ticket(s) # _____ @ \$30 \$ _____
Kids under 12 # _____ @ \$15 \$ _____
- Touring - Saturday and/or Sunday
Registered race cars are FREE!
Saturday _____ @ \$50 Sunday _____ @ \$50 \$ _____
- Additional Crew # _____ @ \$30 \$ _____
Kids 12 and under are FREE!
- Golf Cart # _____ @ \$300 \$ _____

Amount Due U.S. \$ _____
Checks payable to VSCDA _____
MasterCard # _____
VISA # _____
Expiration _____
Signature _____

CAR OWNER - _____
Year _____ Make _____ Model _____
Color _____ Displacement _____ # Cyl _____

TIRES -
Manufacturer _____ Treaded? _____
Front Size _____ Wheel Width _____
Rear Size _____ Wheel Width _____

TRANSPONDER # _____

CAR NUMBER - List 3 choices. VSCDA Members with permanent numbers have first priority, release date 8/24/07.
1. _____ 2. _____ 3. _____ **OFFICE** _____

VSCDA RACE GROUP _____ **CLASS** _____ **OFFICE** _____
Has car been modified from original? _____
If so, how? _____

COMPETITION LICENSE # _____
Issued by _____
Are you on probation or suspension? _____
If so, explain on separate sheet of paper.

Date of last **MEDICAL**- required every 2 years. _____

CREW -
FREE _____
FREE _____

- **Entry to track only after Registration and Waiver signed. NO exceptions.**
- **Food, leaded race fuel and air are available at the track.**
- **Please note additional info sheets and Entries.**

REFUND POLICY -
A full refund for cancellation will be made only if a written request is received in the VSCDA Office by 5PM on September 11th. The written request may be made by mail, fax or e-mail. A partial refund (entry fees minus \$50 service fee) will be made only if a written request is received in the VSCDA Office after 5PM on September 11th but prior to the opening of Registration on September 13th. NO refunds for cancellation will be made after Registration opens on September 13th.

QUESTIONS - Contact the VSCDA Office at 616-891-0091 or e-mail: vscda@hughes.net

FAX ENTRY TO - The VSCDA Office at 616-891-5616

OR MAIL ENTRY TO – **VSCDA**
9780 Rolling Hills Drive
Alto, MI 49302

FOR OFFICE USE ONLY

Date Rcv'd _____ Amount Rcv'd _____
CK # or CC _____ Membership _____

Biographical Information: Please attach any car and driver biographical information you wish. This information may be provided to the event announcer and media.

ALL ENTRANTS PLEASE READ AND SIGN

NOTE: VSCDA reserves the right to accept or reject any Entry. Receipt of an event Entry form, Invitation or Advertisement, or the submission of an Entry form with payment **DOES NOT** constitute acceptance by the VSCDA. VSCDA further reserves the right to reclassify any Entrant as it deems appropriate. VSCDA is a member of the Vintage Motorsports Council (VMC). We expressly reserve the right to make public the names of any and all drivers involved in disciplinary proceedings and will honor probation or suspensions issued by other VMC member clubs.

In submitting an event Entry, the Entrant:

1. Agrees to accept responsibility for the vehicle entered at all times during the event, and agrees that any race vehicle will be operated during any practice, qualifying or race portions of the event only by drivers who are registered for the event and accepted by VSCDA.
2. Agrees that the Entrant and all owners, drivers and crew personnel will cooperate with the VSCDA, its Officers, the Drivers Committee, the Event Chairperson and all other race officials.
3. Agrees to abide by the VSCDA By-Laws and all VSCDA rules and regulations pertaining to the running of the event, all track regulations, and any special rules and regulations established to cover the event.
4. Acknowledges that sanctions may be imposed by the VSCDA, the Drivers Committee, the Event Chairperson or other race officials and agrees, without reservation, to all consequences, sanctions or penalties imposed, resulting from any violation of any rules, special rules or regulations.
5. Renounces the right to any recourse to arbitration or tribunal except as provided for in the VSCDA By-Laws, and specifically covenants and agrees not to file any suit or legal proceeding, either in law or equity regarding any action of the VSCDA, its Officers, the Drivers Committee, Event Chairperson or other race official, and further agrees to the assessment of attorney fees, costs or expenses incurred by the VSCDA, its Officers, Directors, agents or employees, as the result of any suits or proceedings.

PUBLICITY RELEASE: The Entrant or driver hereby agrees to permit VSCDA the use of their voice and likeness for news, publicity and feature use including radio, TV and printed media and further stipulate that no prior agreement with any sponsor or other person is in conflict with this agreement.

I HEREBY STATE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS ENTRY FORM, THAT BY MY SIGNATURE BELOW, I ACCEPT ALL OF THE CONDITIONS SET FORTH IN IT AND AGREE TO ITS TERMS AND CONDITIONS.

Entrant/Driver Signature

Date

Enduro Co-Driver Signature

Date

Co-Driver Name _____

Address _____

City/Province _____

Numbers (H) _____ (W) _____

State/Country _____

Zip _____

Date of Medical _____