

<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 40px;"></div>	<input type="checkbox"/> Waiver Signed <input type="checkbox"/> Comp license <input type="checkbox"/> Paid	<h1 style="margin: 0;">60 Years and Still Going</h1> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: left;"> <b>W2W Race Entry</b>            Sunday, April 29, 2018            Blackhawk Farms Raceway         </div> </div>
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OFFICIAL USE ONLY

Name \_\_\_\_\_ Club \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Race Group # \_\_\_\_\_ Car Class \_\_\_\_\_  
 Competition License Number \_\_\_\_\_ License Type \_\_\_\_\_ Issued by \_\_\_\_\_  
 MC Perm # \_\_\_\_\_ or 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Transponder # \_\_\_\_\_ **AMB TranX 260 transponders are required for all entries.**  
A limited number of transponders will be available for rental. See Supplemental Regulations.  
 Car Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

***Note: Snell SA2010 or newer helmets are REQUIRED. General Competition Regulations of Midwestern Council available online. [www.mcsc.org](http://www.mcsc.org)***

**Midwestern Council recognizes other groups probations and suspensions.**

Is your competition license now probationary or suspended? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*I agree to enter the above car in this event subject to the General Competition Regulations of the Midwestern Council of Sports Car Clubs, and the Supplementary Regulations contained in this entry form. I affirm that the car entered complies with all requirements for the class in which it is entered and that all of the information provided on this entry form is true and correct. I am 18 years of age or older.*

Signed (Driver/Entrant) \_\_\_\_\_ Date \_\_\_\_\_

Entry Fees	Total	Pre-Registration Deadline
_____ \$275 single race entry, pre-registered	<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>	REGISTER ONLINE AT <a href="http://www.motorsportreg.com">www.motorsportreg.com</a> Until 9:59 pm Apr 25, 2018
<b>+</b> _____ \$300 single race entry, <u>NOT</u> pre-registered		
<b>+</b> _____ \$125 additional entries (classes)		<input type="checkbox"/> Check # <input type="checkbox"/> Cash
<b>+</b> _____ \$50 late cancellation fee For cancellations after 10 pm, April 25, 2018		
<b>Please make checks payable to LSCC</b> Payment need not accompany entry.		<b>Registrar: Jeff Willert</b> Email: <a href="mailto:teamlb52@yahoo.com">teamlb52@yahoo.com</a> Phone: (262) 642-2330  <b>Pre-Register - It's Free!</b>

## Driver Medical Information

Car Number \_\_\_\_\_ Race Group \_\_\_\_\_

Driver \_\_\_\_\_ Age \_\_\_\_\_  
 In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ At Track? \_\_\_\_\_  
 Current Medications \_\_\_\_\_ All Allergies \_\_\_\_\_  
 List Any Special Conditions \_\_\_\_\_ Blood Type \_\_\_\_\_  
 Describe any injury/illness in past 12 months \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Answer YES or NO    Contacts: \_\_\_\_\_    Dentures: \_\_\_\_\_    Asthmatic: \_\_\_\_\_    Diabetic: \_\_\_\_\_  
 Epileptic: \_\_\_\_\_    Hemophiliac: \_\_\_\_\_    Date of Last Tetanus Shot \_\_\_\_\_