

**2017**  
**SANDHILLS OUT REACH CHARITY, INC.**  
**DRIVERS ENTRY APPLICATION**  
**AUGUST 9 - 12, 2017**

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Cell (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\*SORC First Time Entrants restricted to 105 mph class or lower**

Is this your first year at SORC \_\_\_\_\_ # Years Participated in SORC Race \_\_\_\_\_

**\*SPEED SELECTED FOR SORC:** \_\_\_\_\_

**\*L2L First Time Entrants restricted to 95 mph class or lower**

**\*SPEED SELECTED FOR L2L:** \_\_\_\_\_

Is this your first year at L2L \_\_\_\_\_ # Years Participated in L2L Race \_\_\_\_\_

**VEHICLE INFORMATION**

CAR: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Style: \_\_\_\_\_ Color: \_\_\_\_\_

**CAR NUMBER INFORMATION**

CHOOSE 3 NUMBERS 1 - 999    1<sup>ST</sup> CHOICE \_\_\_\_\_    2<sup>ND</sup> CHOICE \_\_\_\_\_    3<sup>RD</sup> CHOICE \_\_\_\_\_

COLOR OF CAR NUMBERS    BLACK NUMBERS \_\_\_\_\_    WHITE NUMBERS \_\_\_\_\_

DO YOU HAVE NUMBERS ON YOUR CAR? YES \_\_\_\_\_ NO \_\_\_\_\_

*If all the numbers selected have been previously assigned or no choices are specified, a number will be assigned to your car by SORC*

**NAVIGATOR INFORMATION**

Name: \_\_\_\_\_ Phone: Cell (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I hereby certify that the information above is correct and I understand that any misrepresentation is grounds for disqualification from the event and forfeiture of my entry fee. I understand that SORC may reject my entry for any reason. I understand I must have current Medical Insurance coverage at the time of the event.**

\_\_\_\_\_  
Signature of **Driver**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of **Navigator**

\_\_\_\_\_  
Date

**SANDHILLS OUT REACH CHARITY, INC.**

**2017**

**&**

**LOUP 2 LOUP OPEN ROAD RACE**

**ENTRY FEE FORM**

	<b>SORC</b>	<b>L2L</b>	<b>Merch</b>	<b>TOTAL FEES</b>
<b>SANDHILLS OPEN ROAD CHALLENGE FEES</b>				
80 & 90 MPH	\$425			
95, 100, 105 MPH	\$525			
110, 115, 120	\$600			
Navigator	\$100			
<b>LOUP 2 LOUP ENTRY FEES</b>				
80 & 85 MPH		\$225		
90, 95, 100, & 105 MPH		\$275		
110 MPH		\$300		
Navigator		\$50		
<b>SORC ENTRY FEES TOTAL</b>				
<b>LOUP 2 LOUP ENTRY FEES TOTAL</b>				
<b>MERCHANDISE TOTAL</b>				
<b>SALES TAX - ENTRY FEE &amp; MERCHANDISE - 6 1/2%</b>			S/T 6 1/2%	
<b>GRAND TOTAL</b>				

**CANCELLATION POLICY:** Cancellation 60 days before the event will receive a 100% refund. Entries canceled 15-59 days will forfeit 50% of entry fee. Entries canceled less than 15 days prior to the event will receive no refund.

Please include a check or money order payable to SORC, or use the area below for Credit Card payment (Master Card/Visa only)

Name as on Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

I hereby certify that the information above is correct and I understand that any misrepresentation is grounds for disqualification from the event and forfeiture of my entry fee. I understand that SORC and/or CCBS (Custer County Board Supervisors) may reject your entry for any reason.

Participant's Signature: \_\_\_\_\_

**SANDHILLS OUT REACH CHARITY  
MERCHANDISE**

**2017**

**NAME** \_\_\_\_\_

**CAR #** \_\_\_\_\_

\$18.00 SORC Short Sleeve Tee Total  
S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

\$20.00 SORC Short Sleeve Tee  
XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_ \_\_\_\_\_

\$22.00 SORC Long Sleeve Tee  
S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

\$24.00 SORC Long Sleeve Tee  
XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_ \_\_\_\_\_

\$20.00 SORC Cap \_\_\_\_\_ \_\_\_\_\_

\$22.00 SORC Souvenir Book \_\_\_\_\_ \_\_\_\_\_

**Total of all SORC merchandise** \_\_\_\_\_

Pre-order your SORC T-shirt, long sleeve T-shirt, cap, souvenir book  
and we will have them for you at registration.

2017

**Sandhills Out Reach Charity, Inc.**  
**MEDICAL INFORMATION FORM (DRIVER)**

**MUST BE COMPLETED BY ALL DRIVERS**

Driver Name: \_\_\_\_\_

In the event of an accident, the following information is important. It could save your life.  
Please complete the following:

**HEALTH HISTORY**

<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )

Asthma  
 Tuberculosis  
 Kidney Disease  
 Psychiatric Disorder  
 Cardiovascular Disease  
 Permanent defect from illness, disease  
 Nervous Stomach  
 Muscular Disease  
 Rheumatic Fever  
 Any other nervous disorder  
 Suffering from any other disease  
 Head or Spinal Injuries  
 Extensive confinement  
 Seizures, fits, convulsions or fainting  
 Diabetes  
 Gastrointestinal ulcer

If the answer to any of the above is YES, explain: \_\_\_\_\_

**PARTICIPANT:** Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	<u>NORMAL</u>	<u>ABNORMAL</u>		<u>NORMAL</u>	<u>ABNORMAL</u>
Vision	_____	_____	Heart Condition	_____	_____
Hearing	_____	_____	Lungs & Chest	_____	_____
Extremities	_____	_____	General Systemic	_____	_____
Neurological	_____	_____			

Comments: \_\_\_\_\_

Drug Allergies or Sensitivities: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Personal Physician (Please Type or Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

**In the event of an emergency, please contact:** \_\_\_\_\_

Name (Type or Print Legibly)      Relationship      Phone Number

I **do** \_\_\_ give SORC permission to release my medical information/physical form to emergency personnel.

I **do not** \_\_\_ give SORC permission to release my medical information/physical form to emergency personnel.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT AT EVENT - NAME** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**Sandhills Open Road Challenge**  
**MEDICAL INFORMATION FORM (Navigator)**  
*(Good until Driver makes changes)*  
**MUST BE COMPLETED BY ALL Navigators**

Navigator Name \_\_\_\_\_

In the event of an accident the following information is important. It could save your life.  
Please complete the following:

**HEALTH HISTORY**

<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>		
( )	( )	Asthma	( )	( )	Nervous Stomach	( )	( )	Head or Spinal Injuries
( )	( )	Tuberculosis	( )	( )	Muscular Disease	( )	( )	Extensive confinement
( )	( )	Kidney Disease	( )	( )	Rheumatic Fever	( )	( )	Seizures, fits, convulsions or fainting
( )	( )	Psychiatric Disorder	( )	( )	Any other nervous disorder	( )	( )	Diabetes
( )	( )	Cardiovascular Disease	( )	( )	Suffering from any other disease	( )	( )	Gastrointestinal ulcer
( )	( )	Permanent defect from Illness, disease						

If the answer to any of the above is YES, explain: \_\_\_\_\_

**PARTICIPANT:** Sex:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Date of Birth: \_\_\_\_\_

	<u>NORMAL</u>	<u>ABNORMAL</u>		<u>NORMAL</u>	<u>ABNORMAL</u>
Vision	_____	_____	Heart Condition	_____	_____
Hearing	_____	_____	Lungs & Chest	_____	_____
Extremities	_____	_____	General Systemic	_____	_____
Neurological	_____	_____			
Comments:	_____				

Drug Allergies or Sensitivities: \_\_\_\_\_

Current Medications \_\_\_\_\_ Other \_\_\_\_\_

Name of Personal Physician (Please Type or Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

**In the event of an emergency, please contact:** \_\_\_\_\_  
Name (Type or Print Legibly) Relationship Phone Number

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT AT EVENT - NAME** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**2017**

*Sandhills Out Reach Charity, Inc.  
Bio Page for Souvenir Book*

The souvenir book is made up all of the drivers registered for the race this year. It has become a very popular book among the drivers. We would like to hear about you and your navigator in and out of the car along with a little info about car. In addition, consider including your personal feelings of the SORC events. Remember to send a picture of your car!!!!

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Thanks for your cooperation!

## ***SORC Registration Checklist***

**\*\*Before you mail in your entry, did you...\*\***

**INCLUDE:**

1. Participant Form \_\_\_\_\_
2. Entry Fee Form **add 6 ½% to your grand total** \_\_\_\_\_
3. Merchandise Form \_\_\_\_\_
4. Medical Forms \_\_\_\_\_
5. Bio Form – **Need by June 1** \_\_\_\_\_
6. Picture – **Need by June 1** \_\_\_\_\_
7. Copy of Driver's License \_\_\_\_\_

**Email bio and picture directly to the printer in jpeg format**

**Marcia Hora - [wmhora@gpcom.net](mailto:wmhora@gpcom.net)**

**308-636-2444**

**NO COMPUTER PRINTED PICTURES**

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Mail to  
*Sandhills Out Reach Charity, Inc.*  
*P.O. Box 7*  
*Arnold, NE 69120*