

2010 SANDHILLS OPEN ROAD CHALLENGE

DRIVERS ENTRY APPLICATION

AUGUST 12 - 14, 2010

PARTICIPANT INFORMATION

DRIVER INFORMATION **PLEASE ATTACH:** PHOTOCOPY OF YOUR VALID DRIVER'S LICENSE

Name: _____	Phone: Days : (____) _____		
Address: _____	Phone: Cell (____) _____		
City: _____	State: _____	Zip: _____	Fax: (____) _____
Date of Birth: _____	E-Mail: _____		
# Years Participated in SORC Race _____			
*SPEED SELECTED: _____			
*First Time Entrants restricted to 110 mph class or lower			

VEHICLE INFORMATION

CAR: Year: ____	Make: _____	Model: _____	Body Style: _____	Color: _____
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CAR NUMBER INFORMATION

CHOOSE 3 NUMBERS 1 - 999	1 ST CHOICE _____	2 ND CHOICE _____	3 RD CHOICE _____
COLOR OF CAR NUMBERS	BLACK NUMBERS _____	WHITE NUMBERS _____	
DO YOU HAVE NUMBERS ON YOUR CAR?	YES _____	NO _____	
<i>If all the numbers selected have been previously assigned or no choices are specified, a number will be assigned to your car by SORC</i>			

NAVIGATOR INFORMATION

Name: _____	Phone: Days: (____) _____	
Address: _____	Phone: Cell: (____) _____	
City: _____	State: _____	Zip: _____
Date of Birth: _____	E-Mail: _____	

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 _____

For More Information - Call Becky @ (308) 848-2522

Official Use Only: ASSIGNED CAR # _____

**SANDHILLS OPEN ROAD CHALLENGE
ENTRY FEE FORM**

DESCRIPTION	FEES	TOTAL FEES
80 & 90 mph	\$375	
95 mph	\$450	
100 & 105 mph	\$475	
110, 115, & 120 mph	\$525	
Unlimited	\$600	
Navigator	\$50	
TOTAL FEES		

SORC MERCHANDISE

DESCRIPTION PRICE	Small 15.00	Medium 15.00	Large 15.00	XL 17.00	2 X 17.00	3 X 18.00	Book 18.00	CAP 15.00	# Ordered	TOTAL DUE
SORC T-SHIRTS										
SMALL T-SHIRT										
MEDIUM T-SHIRT										
LARGE T-SHIRT										
X – LARGE T-SHIRT										
2 X T-SHIRT										
3 X T-SHIRT										
SORC SOUVENIR BOOK										
SORC CAP										
TOTAL MERCHANDISE										
TOTAL FEES & MERCHANDISE										
AMOUNT DUE TO SORC										

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.

IMPORTANT: By signing the entry application and there by entering the event, you are certifying your understanding and acceptance of these terms. It is imperative that if you do not understand one or any of the above stated policies and/or need clarification, that you contact Sandhills Open Road Challenge.

Please include a check or money order payable to SORC, or use the area below for Credit Card (Master Card/ Visa only). Forward this form, drivers & navigators medical forms, and picture and biography form to SORC, PO Box 7, Arnold, NE 69120

Name as on Credit Card _____ Card Num. _____

Expiration Date _____ Visa _____ MC _____

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 Open Road Challenge

MEDICAL INFORMATION FORM (DRIVER)

MUST BE COMPLETED BY ALL DRIVERS

Driver: _____

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

HEALTH HISTORY

YES	NO	YES	NO	YES	NO
()	() 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: _____
Blood Type: _____ Drug Sensitivities: _____

	<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: _____ Medical Alerts: _____
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 _____

THIS FORM MUST BE FILLED OUT BY DRIVER

Sandhills Open Road Challenge

MEDICAL INFORMATION FORM (Navigator)

(Good until Driver makes changes)

MUST BE COMPLETED BY ALL Navigators

Navigator: _____

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

HEALTH HISTORY

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

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

PARTICIPANT: Sex: _____ Height: _____ Weight: _____ Date of Birth: _____
Blood Type: _____ Drug Sensitivities: _____

	<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: _____ Medical Alerts: _____

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 _____

THIS FORM MUST BE FILLED OUT BY Navigator

Sandhills Open Road Challenge Checklist

Before you, mail in your entry did you.

Fill out

- Participant Form _____
- Entry Fee Form _____
- Medical Forms _____

Email bio and picture directly to the printer wmhora@gpcom.net in jpeg format.

NO COMPUTER PRINTED PICTURES

- Bio Form _____
- Picture _____

If you want to order a SORC souvenir book or t-shirt, please do and we will have them for you at check-in.

Last, make a copy of your driver's license

Mail to

*Sandhills Open Road Challenge
P.O. Box 7
Arnold, NE 69120*