

2011
SANDHILLS OPEN ROAD CHALLENGE
DRIVERS ENTRY APPLICATION
AUGUST 11 – 13, 2011

PARTICIPANT INFORMATION

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

Name: _____ Phone: Days : (____) _____
Address: _____ Phone: Cell (____) _____
City: _____ State: _____ Zip: _____ Phone: Work (____) _____
Date of Birth: _____ E-Mail: _____
Is this your first year at SORC _____ # 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: _____

CAR NUMBER INFORMATION

CHOOSE 3 NUMBERS 1 – 999 1ST CHOICE _____ 2ND CHOICE _____ 3RD 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: 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

**SANDHILLS OPEN ROAD CHALLENGE
ENTRY FEE FORM**

DESCRIPTION	FEES	TOTAL FEES
80 & 90 mph	\$425	
95 mph	\$500	
100 & 105 mph	\$525	
110, 115, & 120 mph	\$575	
Unlimited	\$650	
Navigator	\$100	
TOTAL FEES		

SORC MERCHANDISE

DESCRIPTION	Small	Medium	Large	XL	2 X	3 X	Book	CAP	#	TOTAL
PRICE	18.00	18.00	18.00	18.00	20.00	20.00	22.00	18.00	Ordered	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 |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Nervous Stomach | <input type="checkbox"/> | <input type="checkbox"/> Head or Spinal Injuries |
| <input type="checkbox"/> | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> Muscular Disease | <input type="checkbox"/> | <input type="checkbox"/> Extensive confinement |
| <input type="checkbox"/> | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> Seizures, fits, convulsions or fainting |
| <input type="checkbox"/> | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> | <input type="checkbox"/> Any other nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> Suffering from any other disease | <input type="checkbox"/> | <input type="checkbox"/> 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 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: _____
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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*