

**2012**  
**SANDHILLS OPEN ROAD CHALLENGE**  
**DRIVERS ENTRY APPLICATION**  
**AUGUST 8 – 11, 2012**

---

**PARTICIPANT INFORMATION**

---

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

---

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

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

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

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

\*SPEED SELECTED: \_\_\_\_\_

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

---

**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: 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
SORC 80 & 90 MPH Class	\$425	
SORC 95 MPH Class	\$500	
SORC 100 & 105 MPH Class	\$525	
SORC 110, 115, & 120 MPH Class	\$575	
SORC Unlimited Class	\$650	
SORC Navigator	\$100	
Loup 2 Loup – 75 MPH Class	\$225	
Loup 2 Loup – 85 MPH Class	\$250	
Loup 2 Loup – 95 MPH Class	\$275	
Loup 2 Loup Navigator	\$50	
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										
<b>AMOUNT DUE TO SORC</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.

**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**

- |            |                                            |            |                                      |            |                                             |
|------------|--------------------------------------------|------------|--------------------------------------|------------|---------------------------------------------|
| <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: \_\_\_\_\_

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**

- |                          |                                           |                          |                                  |                          |                                         |
|--------------------------|-------------------------------------------|--------------------------|----------------------------------|--------------------------|-----------------------------------------|
| <b>YES</b>               | <b>NO</b>                                 | <b>YES</b>               | <b>NO</b>                        | <b>YES</b>               | <b>NO</b>                               |
| <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<br>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](mailto: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*