

**2019 SANDHILLS OPEN ROAD CHALLENGE  
DRIVERS ENTRY APPLICATION  
AUGUST 7 - 10, 2019**

**DRIVER INFORMATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_

**NAVIGATOR INFORMATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RACE INFORMATION**

**SORC RACE**

**\*SORC First Time Entrants restricted to 105 mph class or lower**  
 Is this your first year at SORC? Yes No # Years Participated in SORC Race \_\_\_\_\_  
 SPEED SELECTED FOR SORC: 80 90 95 100 105 110 115 120  
 CIRCLE ONE 90 Extreme Extreme 120

**L2L RACE**

**\*L2L First Time Entrants restricted to 90 mph class or lower**  
 Is this your first year at L2L? Yes No # Years Participated in L2L Race \_\_\_\_\_  
 SPEED SELECTED FOR L2L: 80 85 90 95 100 105 110  
 CIRCLE ONE

**SHOOTOUT**

Are you participating in the shootout? Yes No Street Super Street Unlimited  
 SELECTED CLASS FOR SHOOTOUT: (Circle One) 1/2 Mile 1/2 Mile 1/2 Mile  
 1 Mile 1 Mile 1 Mile

**CAR INFORMATION**

Race Car	Shootout Car	Car Number
Year: _____	(if different from Race Car) Year: _____	Choose 3 Numbers 1-998 1st Choice: _____
Make: _____	Make: _____	2nd Choice: _____
Model: _____	Model: _____	3rd Choice: _____
Body Style: _____	Body Style: _____	Color : White or Black
Color: _____	Color: _____	Have #'s: Yes or NO IF yes what #: _____

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

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.

#### MEDICAL INFORMATION FORM (DRIVER)

MUST BE COMPLETED BY ALL DRIVERS

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

#### HEALTH HISTORY

Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Bleeding disorder       | <input type="checkbox"/> Hypoglycemic event last 12 months        |
| <input type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Seizures, fits, convulsions, or fainting |
| <input type="checkbox"/> Kidney disease                  | <input type="checkbox"/> Cardiovascular disease  | <input type="checkbox"/> Permanent defect from illness/disease    |
| <input type="checkbox"/> Nervous or Psychiatric disorder | <input type="checkbox"/> Head or spinal injuries |   |

If YES to any of the above, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take blood thinners?  Yes  No If yes Medication Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Allergies/Drug Sensitivities: \_\_\_\_\_

- |                          |                          |         |                          |                          |                 |
|--------------------------|--------------------------|---------|--------------------------|--------------------------|-----------------|
| Normal                   | Abnormal                 |         | Normal                   | Abnormal                 |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision  | <input type="checkbox"/> | <input type="checkbox"/> | Heart condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing | <input type="checkbox"/> | <input type="checkbox"/> | Lungs & Chest   |

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Name & Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Emergency Contact at SORC events: Name & Phone No: \_\_\_\_\_

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.

I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the SORC events.

Driver signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sandhills Out Reach Charity, Inc.

## MEDICAL INFORMATION FORM (NAVIGATOR)

MUST BE COMPLETED BY ALL NAVIGATORS

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

### HEALTH HISTORY

Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Bleeding disorder       | <input type="checkbox"/> Hypoglycemic event last 12 months        |
| <input type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Seizures, fits, convulsions, or fainting |
| <input type="checkbox"/> Kidney disease                  | <input type="checkbox"/> Cardiovascular disease  | <input type="checkbox"/> Permanent defect from illness/disease    |
| <input type="checkbox"/> Nervous or Psychiatric disorder | <input type="checkbox"/> Head or spinal injuries |   |

If YES to any of the above, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you take blood thinners?  Yes  No If yes Medication Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Allergies/Drug Sensitivities: \_\_\_\_\_

- |                          |                          |         |                          |                          |                 |
|--------------------------|--------------------------|---------|--------------------------|--------------------------|-----------------|
| Normal                   | Abnormal                 |         | Normal                   | Abnormal                 |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision  | <input type="checkbox"/> | <input type="checkbox"/> | Heart condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing | <input type="checkbox"/> | <input type="checkbox"/> | Lungs & Chest   |

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Name & Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Emergency Contact at SORC events: Name & Phone No: \_\_\_\_\_

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

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I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the SORC events.

Navigator signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SANDHILLS OPEN ROAD CHALLENGE

2019

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# LOUP 2 LOUP OPEN ROAD RACE

## ENTRY FEE FORM

	SORC	L 2 L	Merch	TOTAL FEES
<b>SANDHILLS OPEN ROAD CHALLENGE FEES</b>				
80, 90 MPH	\$425			
95 MPH	\$525			
100, 105 <span style="color: red;">Approved Neck Restraints Required</span>	\$525			
110,115,120 <span style="color: red;">Approved Neck Restraints Required</span>	\$600			
See page 10,11, & 12 in SORC Rule Book				
Navigator	\$100			
<b>LOUP 2 LOUP ENTRY FEES</b>				
80 & 85 MPH		\$225		
90, 95, 100 MPH		\$275		
105 MPH <span style="color: red;">Approved Neck Restraints Required</span>		\$275		
110 MPH <span style="color: red;">Approved Neck Restraints Required</span>		\$300		
See page 11 & 12 in SORC Rule Book				
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 -</b> 6 ½%			S/T 6 ½%	
<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: \_\_\_\_\_

2019

**SANDHILLS OPEN ROAD CHALLENGE  
MERCHANDISE**

**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 \_\_\_\_\_ \_\_\_\_\_

\$25.00 SORC Cap \_\_\_\_\_ \_\_\_\_\_

\$25.00 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 u at registration

2019

**LOUP 2 LOUP  
MERCHANDISE**

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

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

\$20.00 L2L Short Sleeve Tee Total  
S\_\_M\_\_L\_\_XL\_\_2XL\_\_3XL\_\_ \_\_\_\_\_

\$23.00 L2L Long Sleeve Tee  
S\_\_M\_\_L\_\_XL\_\_2XL\_\_3XL\_\_ \_\_\_\_\_

\$30.00 L2L Hoodie  
S\_\_M\_\_L\_\_XL\_\_2XL\_\_3XL\_\_ \_\_\_\_\_

**Total of all L2L merchandise** \_\_\_\_\_

Pre-order your L2L t-shirt, long sleeve t-shirt, and hoodie  
we will have them for you at registration

**DUE JUNE 1**

**EMAIL TO**

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

**308-636-2444**

If we don't have bio & picture by June 1 we can't guarantee that you will be in the SORC Souvenir Book

**SANDHILLS OPEN ROAD CHALLENGE**

***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 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. SORC Merchandise Form \_\_\_\_\_
4. L2L 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**

**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.**

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