

BURKE MOUNTAIN HILLCLIMB Entry Form
August 22 & 23, 2009
**** This is a muffled event! ****

COMPETITORClub Member: **KSCC / SCCNH / SCCV**

Name: _____ D.O.B. _____

Address: _____ Email _____

City: _____ State: _____ ZIP: _____ Phone: _____

/ Will Work: Checkpoint ___ (preference? ___); Tech ___; Setup/Teardown ___; Start/Finish ___; Staging ___

CLASSIFICATIONVehicle: Make _____ Model _____ Year _____ Roll Cage yes no

Weight: _____ Displacement: _____ Total Factor: _____

Class: Unprepared (U) ___ Street Prepared (S/P) ___ Prepared (P) ___ Formula Libre ___ Motorcycle ___

NON-DRIVING WORKERClub Member: **KSCC / SCCNH / SCCV**

Name: _____ D.O.B. _____

_____ Email _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Preference: Checkpoint ___ (# ___); Tech ___; Setup ___; Control ___; Start/Finish ___; Other _____

EMERGENCY CONTACT

Name: _____ Is person at hill? _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

CHECKLIST (for Registration Use Only)

Insurance Release: _____ State Release: _____ Medical Card: _____

Tech Sheet: _____ Driver's License: _____ Paid (Cash/Check): _____

RELEASE

I agree to abide by the rules and regulations of the New England Hillclimb Series, as adopted by Killington Sports Car Club, and to obey workers and officials. I understand that the decision of the Chairman is final. I understand that I am responsible for my safety, and agree to the terms of all releases required of participants in the event. I agree to be examined by medical personnel at any time. I hereby give my permission for medical treatment or transport. In giving permission for my car (or interest therein) to be used at this event, I understand that any risk, loss, or damages are the burden and responsibility of the entrant(s), and that I have knowledge of the nature of the event. I understand that failure to pass Technical Inspection, or partial or complete cancellation of the event, may not entitle me to a refund.

Check one: I own this vehicle _____ or I have owner's permission to use this vehicle _____

DRIVER'S SIGNATURE _____ DATE: _____