

SCRS
Stock Car Race Series
Membership Application Form

SCRS Office Use Only Check No: _____	Date Rec'd: _____ Membership No: _____
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Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Bus: _____ Home: _____ Fax: _____

e-Mail: _____

Occupation: _____

Date of Birth: _____

Driver Experience:

SCRS requires all drivers to be qualified and licensed by approved sanctioning bodies. In addition new drivers may be required to complete an **SCRS** "Rookie" program or be approved by the competition committee for participation.

Do you currently hold or have you held a competition license?

Yes _____ No _____

Organization: _____

Years: _____

Have you been suspended or black flagged by any racing organization within the last 2 years? If yes, please explain

Please list any driving school or competition experience:

Current Medical with any Organization(s): Yes _____ No _____

Expiration date of medical _____

Medical form from what Organization? _____

Please list the Historic/Vintage Stock Car(s) you currently own and will be competing with in the SCRS group:

Car One	Car Two
Make _____	_____
Model _____	_____
Year _____	_____
Color _____	_____

Car One Car Number: _____ Car Two Car Number _____

Car One Sponsor: _____

Car Two Sponsor: _____

Transponder Number: _____

Please list any Contemporary Stock Car(s) you currently own and will be competing with in the SCRS group:

Car One	Car Two
Make _____	_____
Model _____	_____
Year _____	_____
Color _____	_____

Car One Car Number: _____ Car Two Car Number _____

Car One Sponsor: _____

Car Two Sponsor: _____

Transponder Number: _____

Annual membership dues are \$200.00 for 1 Historic/Vintage Stock Car

Each additional Historic/Vintage or Contemporary Stock Car \$100.00

Associate membership \$50.00

Business membership \$250.00

Total membership dues enclosed _____

Hold Harmless Agreement:

Everyone that submits an application for membership to **SCRS** do so with the full understanding that automobile racing is an inherently dangerous event, does voluntarily assume all risk of, and has no claim for damages against the **SCRS**, its officers, agents or representatives. All persons connected with members or associates of **SCRS** assume full responsibility for any and all injuries sustained, including death and property damage anytime they are in the racing areas.

I have read, understand, agree with and will support the Purpose, Philosophy and objectives of the **SCRS** (Stock Car Race Series) group.

Signed:

Date

Mail form with payment to:

SCRS Administration Office , P.O. Box 4432, Paso Robles, California 93447 (mail only)
Dverstuyft@aol.com 805-467-2640 (phone and fax) info@stockcarraceseries.com