



ENTRY FORM

CASCADE SPORTS CAR CLUB'S: 8 HOURS OF THE CASCADES, 4 HOUR ENDURO, AND 2 HOUR MINI ENDURO SATURDAY, OCTOBER 14th, 2017

TEAM NAME: <hr/>	For Registrar Use Only (Team Number)
DRIVER NAME: <hr/>	

STREET ADDRESS, CITY, STATE, ZIP: 		
<table style="width: 100%;"> <tr> <td style="width: 50%;">TELEPHONE NUMBER:</td> <td style="width: 50%;">EMAIL ADDRESS (OPTIONAL)</td> </tr> </table>	TELEPHONE NUMBER:	EMAIL ADDRESS (OPTIONAL)
TELEPHONE NUMBER:	EMAIL ADDRESS (OPTIONAL)	

NOTE: EACH DRIVER MUST FILL OUT AN ENTRY FORM WITH ALL INFORMATION REQUESTED

LICENSE #: <hr/>	___ ICSCC ___ SCCA National ___ CACC ___ FIA ___ ASN ___ NASA ___ OTHER- Unlisted licenses must be approved by the ICSCC License Director: Mark Estes prior to entry close. Mark's contact info: license_director@icscc.com 503-734-7355	CLASS (CIRCLE ONE) E0 E1 E2 E3 EU ESR MSR ME0 ME1 ME2 ME3
CLUB AFFILIATION: <hr/>		

PLEASE ENTER ALL INFORMATION FOR THE VEHICLE YOU ARE ENTERING

CAR MAKE	CAR MODEL	CAR COLOR(S)	<u>ENDURO TRANSPONDER #</u>
CAR NUMBER	SPONSORS		
CAR CLASS (I.E PRO3):		CAR OWNER OR DRIVER DESIGNATED TEAM LEADER	
ENTRY FEE ENCLOSED (US Funds only)	WORKER FUND CONTRIBUTION	TOTAL :	
PERSON/TELEPHONE # FOR EMERGENCY CONTACT:			

DRIVERS ENTERED ON TEAM

DRIVER	NAME	DRIVER	NAME
1		4	
2		5	
3		6	

APPLICANTS LEGAL SIGNATURE: _____ **DATE:** _____