

DRIVER NAME - PLEASE PRINT CLEARLY	COMP CLASS	CAR #
CAR MAKE & MODEL	YEAR	COLOR



Solo Event Registration Information

EVENT LOCATION		EVENT DATE
DRIVERS ADDRESS		
CITY		STATE & ZIP
EMAIL		TELEPHONE
SCCA MEMBER NUMBER		DATE OF BIRTH
DRIVERS LICENSE NUMBER	STATE	EXPIRATION

- I agree to comply with the current SCCA Solo Safety Rules.
- I agree to comply with event specific safety rules as communicated by the Event Officials.
- I agree that during the event I will not use or be under the influence of any drug or alcohol which could impair my ability to safely operate my vehicle or otherwise participate.
- I agree to keep my vehicle under control and operate it in a safe manner at all times during this Solo Event.
- I recognize that there are hazards associated with participating in Solo Driving Events and voluntarily accept those hazards.
- I accept that it is my responsibility as an event participant to bring to the attention of the Event Officials any safety concerns that I may have, including but not limited to, concerns about the condition or configuration of the course, condition of participating vehicles and actions of other participants.
- I accept that it is my responsibility to cease participation in the event if said safety concerns are not corrected to my satisfaction; I am a voluntary participant.
- I certify that all information and assertions provided here are true and correct.

DRIVERS SIGNATURE	DATE
-------------------	------

Previous Badlands Region inspection to this vehicle this season?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any damage to this vehicle since previous inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any repairs to this vehicle since previous inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any modifications to this vehicle since previous inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PAYMENT TYPE	\$ AMOUNT	REC'D BY INITIAL
--------------	-----------	------------------