

SCRS
Stock Car Race Series
Membership Application Form

Name: _____

Spouse Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone/Bus: _____ **Home:** _____ **Fax:** _____

Cell: _____ **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.

Date of last medical: _____

What organization issued your medical/ license _____

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:

Please list the all Stock Cars you currently own and will be competing with in the SCRS group:

Year _____ **Make** _____ **Model** _____ **Color** _____

Sponsor _____ **Transponder #** _____

Year _____ **Make** _____ **Model** _____ **Color** _____

Sponsor _____ **Transponder #** _____

Year _____ **Make** _____ **Model** _____ **Color** _____

Sponsor _____ **Transponder #** _____

Year _____ **Make** _____ **Model** _____ **Color** _____

Sponsor _____ **Transponder #** _____

Annual membership: \$250 for new members for 1st Historic Car

Each additional Historic or Contemporary Car \$100.00

Associate membership: \$50.

Business membership: \$250.

Renewal membership: \$200 for 1st Historic Stock Car and \$100 for each additional Historic or Contemporary Car

Associate membership: \$50.

Business membership: \$250.

Total membership 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