HUDSON VALLEY REGION, PCA APPLICATION FOR DRIVER'S EDUCATION AT **WATKINS GLEN** OCTOBER 17-18, 2007

Complete a separate application for each driver. Participants must be 18 years of age with valid drivers license. Confirmation will be sent via email only. This event will be a combined instructed school with open track format for advanced drivers. No single day sign ups. The event will be run as a Driver's Education event. We will have two run groups: Instructed Students and Advanced. The Instructed Students group will consist of green, vellow and white run group drivers (novice and low level intermediate). The advanced run group will consist of Black and Red run group drivers. Intermediate drivers wishing to participate in open track must provide references from their region's or organization's chief instructor. We reserve all rights regarding run group assignments. The advanced group will have open passing with or without a signal anywhere the track is straight. If a driver does not wish to be passed without giving a signal he must place an "X" on the rear of his or her car.

| This application This makes it ea | | | | | | | | | | n into th | ne form befor | e printing. |
|--|-----------|------------------------|------------------------------|---|-----------|----------|---------------------------|----------------|------------------|--------------|---------------|-------------|
| All Drivers pay: | | | | \$300 | | | | | Total: | | | |
| Garage Space | | | | \$25 per car per Garage assigned on fi first served basis | | | rst come | Total: | | | | |
| Utilized Instru Driver and Eme | | | | | d at th | ne trad | ck | | To | tal En | closed: | |
| Name: | | | | | | | Email: | | | | | |
| Address: | | | | | | | Phone: | | | Day: Eve: | | |
| PCA# | | Exp. Date. | | | | | PCA Region | | | | | |
| Dvr. License# & State | | | | | | | Allergies: | | | | | |
| Emergency Contact: | | Relationship: | | | | | Emg. Phone# | | | | | |
| Attending Event: | | YesNo | | | | | Medi | Medications: | | | | |
| Doctor's Name | | | | | | | Doct | Doctor's Phone | | | | |
| Sharing Car With: (each driver must fill out application) | | | | | | | Names of Guests at Track: | | | | | |
| Car Information | & Dri | ver Ex | perience | • | | | | | | | | |
| Year | Model | | del | Color | | | Desir | | ed Car #(s) | | | |
| Years Driven | | | rack days last ears | | | | | | # Day (total) | | kins Glen | |
| Last Assigned Run Group | | | Red | Black | \ | White | _ | Yellow | G | reen | Don't kno | ow . |
| Do you have other D Chin, Group 52, Koj | | | | as: Track Master | rs, | | | | | | | |
| Are you an Instructor?YesNo | | | If yes, with what region(s)? | | | | | | | | | |
| Minor Waivers: PCA I hereby certify that: information I have protice walls, kitty litter. | I have no | o physica s correct | al or mental pro | blems, or impai | irments v | which mi | ght jed | pardize my | self or othe | rs if I par | | |

Make checks payable to: HVR/PCA- Drivers must cancel two weeks prior to event to be eligible for a refund or credit. Should the event be canceled due to weather you must be present at the track on the day of the event in order to be eligible for a credit or refund.

Mail your completed application and check to:

Lou Dauerer

PO Box 328

Gardiner, NY 12525

| Signature: | Date: |
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