



ENTRY FORM

Callicoon - Narrowsburg, NY

October 23 - 24, 2009

	<u>Paid by Sept 24</u>		<u>Paid by Oct 8</u>		<u>Paid by Oct 15</u>		Official Use
	<u>Cash</u>	<u>Paypal</u>	<u>Cash</u>	<u>Paypal</u>	<u>Cash</u>	<u>Paypal</u>	
<u>Entry fees:</u>							<u>Date Received:</u>
No refunds after March 19, 2009							
Friday Regional 1 (NYRC)	\$495	\$509.85	\$695	\$715.85	\$895	\$921.85	
Saturday Regional 2 (NYRC)	\$495	\$509.85	\$695	\$715.85	\$895	\$921.85	
Both Regionals (NYRC)	\$990	\$1,019.70	\$1,190	\$1,225.70	\$1,390	\$1,431.70	
National (USRC)	\$990	\$1,019.70	\$1,190	\$1,225.70	\$1,390	\$1,431.70	
Both Regionals and National	\$990	\$1,019.70	\$1,190	\$1,225.70	\$1,390	\$1,431.70	
<p>Paypal Payments (major credit cards accepted): To account Eurally@aol.com at www.Paypal.com. Payment by Check: Please make checks payable to Rally New York, Ltd.</p> <p>Please mail checks and entry forms (entry forms may be faxed) to: International Rally New York 2488 Route 42 Forestburgh, New York 12777 USA Tel. 845-794-4096 Eurally@aol.com Fax 845-794-4098 www.RallyNewYork.com</p>							

	ENTRANT	DRIVER	CO-DRIVER
Team Name			
Last Name			
First name			
Nationality (as Passport)			
Postal address	1.	2.	3.
Indicate address where ALL correspondence is to be sent (1, 2, or 3 - list only one address please)			
Telephone No. (business)			
Telephone No. (private)			
Mobile Telephone No.			
Fax No.			
E-mail Address			
Team Website Address			
Competition License No.			
Type of License (FIA, USAC, etc.)			
Issuing ASN (FIA/Intern'l)			
Driving License No.			
Country of Issue			

DETAILS OF THE CAR

Make		Registration No.	
Model		C.C.	
Year of Manufacture		Body No.	
Group / Class		Engine No.	
Homologation No.		Predominant Color	
Country of Registration		Logbook No.	

SEEDING INFORMATION

Driver _____

Car _____ Group / Class _____

FIA Priority A YES / NO FIA Priority B YES / NO

Previous FIA, Regional, or National Seed YES / NO

If yes, Region: _____ Year: _____ Seed: _____ Priority: _____

Championship Winner? YES / NO

If yes, name Championship: _____ Year: _____ Place: _____

	Year	Event	Car	Group	O/A Position	Class Position	No. of Finishers
Intern'tl							
National							
Other							

In case of emergency, contact:

For Driver: _____ Phone: _____

For Co-Driver: _____ Phone: _____

List any medical conditions we should be aware of:

Driver: _____

Co-Driver: _____

ACKNOWLEDGEMENT AND AGREEMENT

By signing this form, I declare that all the information contained on the entry form is correct. I acknowledge and agree in full to all terms and conditions relating to my participation in this event, as stated in the Supplementary Regulations and all other relevant Rules and Regulations.

For Entrant: _____ Name/Title: _____ Date: _____
Signature

Driver: _____ Co-Driver: _____ Date: _____
Signature Signature