

ROAD RUNNER REGION DRIVER INFORMATION
PRINT CLEARLY PRINT CLEARLY

Name _____
 Address _____
 City, State & ZIP _____
 Driver license # _____
 Age if under 21 _____ E-mail _____
 Name & Telephone number of emergency contact we can reach today.
 Name _____ Telephone _____

Do you have any Health or Medical condition that would prevent you from competing today? Yes _____ No _____

AX, DE, or other competitive driving experience in the last 3 years with Porsche Club of America

First time	1 to 5 events	6 to 15 events	More than 16

AX, DE or other competitive driving experience in the last 3 years with other clubs

Club Name	1 to 5 events	6 to 15 events	More than 16

AX, DE or other competitive experience with the car entered today.

First time	1 to 5 events	6 to 15 events	More than 16

Competitive Driving Schools

SWMS Yes _____ No _____
 PCA Yes _____ No _____
 SCCA Yes _____ No _____
 Other Yes _____ No _____
 Competitive License Yes _____ No _____
 Instructor Rated Yes _____ No _____

Competitive Driving Events can be dangerous to you and you car.

I accept full financial responsibility for any damage I may cause to any property at this event: including but not limited to PCA/Road Runners equipment, other event registered participants and the Real property owners.
Signature
Date