

NOR PCA / Driver's Education Series

MID OHIO RACE COURSE
DRIVER EDUCATION OCT 3 & 4

The NOR PCA will hold a Drivers School at Mid Ohio Oct 3 & 4, 2009. Each person wishing to participate must complete their own registration form. If you are sharing a car with another driver, please write that person's name here _____.

REGISTRATION, MEDICAL FORM AND FEES: Pre-registration is required including payment and Medical Form. The school's fee is \$ 350. 00. After Sept. 15, \$ 360.00. No monetary refunds. Bring a new student who has not run with us in the last 3 years and take a \$50 reduction for each student you sign up. FRIDAY OCT 2 – OPEN LAPPING DAY – BY INVITATION - \$ 200.00 – Inquire if interested.

Saturday After Track Dinner – Back to the White Fence Inn - \$35.00
Garage Rental \$200.00

Coffee and donuts will be provided each morning. Lunch is available at the track.

Send check payable to NORPCA c/o

Janet Montgomery 29009 Wolf Road Bay Village, OH 44140 jsm@northcoastseal.com

Participation is limited. All applications will be processed on a first-come first served basis. Please register early to insure a place. **Students will be notified via e-mail so please make sure your email address is legible. DOWNLOAD AND PRINT TECH FORM TO BRING WITH YOU. Rules, track layout, misc. info will be available on the web site.**

Name _____

PCA Member ? Yes _____ No _____ If yes, Region & membership # _____

Street Address _____

City _____ State _____ Zip _____

Phones H _____ W _____ email _____

Car year, make model, color _____ Permanent No. _____

Performance Modifications _____

Number of Schools at Mid Ohio _____ Shirt Size _____

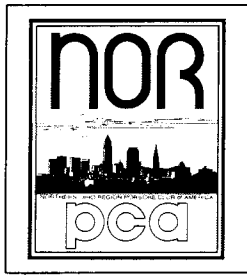
Other Tracks and number of events:

Other Driving Experiences _____

How would you rate your skill level? _____ Novice _____ Intermediate _____ Advanced

Porsche Club of America is a private, not-for-profit-organization. It reserves the right to deny the acceptance of any Driver's Education application, or to revoke any application previously accepted, for any reason, or no reason, except that it will not deny or revoke a Driver's Education application solely on the basis of race, creed, color, sex or national origin.

Signature _____



**NORTHERN OHIO REGION PCA
DRIVER EDUCATION
MEDICAL FORM**

CAR #

Please do not fill in
For office use only

Complete this form and submit it with your application.

(Please print or type a separate form for each driver. IF YOU WILL BE DRIVING MORE THAN ONE CAR AT THIS EVENT, PLEASE COMPLETE A FORM FOR EACH CAR.)

Driver Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Car model: _____ Color _____ Year _____

Please list medical training or ratings: _____

DRIVER MEDICAL INFORMATION:

Age: _____

Current Medications: _____ Drug Allergies: _____

List any special conditions: _____ Blood Type: _____

Personal physician: _____ Address: _____ Phone: _____

CIRCLE YES OR NO

CONTACTS Y N
DIABETIC Y N

DENTURES Y N
EPILEPTIC Y N

ASTHMATIC Y N
HEMOPHILIAC Y N

IN EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Address: _____ At Track? Yes ___ No ___

I verify that this information is correct, and provide permission to use this information only in the case of a medical emergency.

Signed _____ Date: _____

ALL EVENT PARTICIPANTS SHOULD HAVE THEIR NAME ON THEIR DRIVING HELMET.

THIS FORM MUST BE COMPLETED AND PRESENTED AS PART OF THE APPLICATION PACKET

NOTE: This information is kept confidential and is to be utilized only in the event of an emergency, and will be destroyed after the event.