

CAR # \_\_\_\_\_



## THE 60th KNOX MOUNTAIN HILLCLIMB (2017)

May 20<sup>th</sup> & 21<sup>st</sup>

### ENTRY FORM

**Your stuff:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Other Contacts: (E-mail) \_\_\_\_\_  
Driver's Licence: \_\_\_\_\_ Race Licence: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact at Hill: \_\_\_\_\_  
Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Under age (19) Entrants: Need parents consent (sign here) \_\_\_\_\_

**The car stuff:**

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Colour: \_\_\_\_\_  
Car Classification (Mandatory-see rules): \_\_\_\_\_  
Car Number Choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

\$350.00 until– May 6, 2017

\$400.00 all entries after May 7, 2017

\$250.00 if you have not raced at Knox in the past Three Years

**Official stuff:**

Car Number given: \_\_\_\_\_ Type of payment received: \_\_\_\_\_

Please Note: Payment *must* be included with this entry form to be accepted. Make checks payable to Knox Mountain Motor Sport or E-transfer payment to [mggal@telus.net](mailto:mggal@telus.net) and mail or email forms

**NO SATURDAY ON-SITE REGISTRATION !! FRIDAY ONLY**

**Mail Entry to:**

Marie Sherman , 390 Quilchena Dr. Kelowna BC, V1W 4W4  
Email: [mggal@telus.net](mailto:mggal@telus.net) Phone: 250-764-0775

# Please attach a copy of the following:

## Canadian Residents

CACC or WCMA License

## United States Residents

NHA or SCCA

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Driver's License

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Club Membership Card

British Columbia

Outside of B.C.

**Please Note:** These will be verified at registrations so don't forget to bring them with you.

CAR # \_\_\_\_\_

DRIVER: \_\_\_\_\_

**Knox Mountain Hill Climb  
PARTICIPANT HEALTH FORM  
Confidential when Completed**

Name of Emergency contact travelling with you to the event:

\_\_\_\_\_

Their cell phone number \_\_\_\_\_

Name of any other person you would like us to contact in case of an emergency:

\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

1. Do you give staff permission to call an ambulance if necessary? Yes \_\_\_ No \_\_\_
2. If I am examined by a medical attendant following an incident, I hereby give authorization for them to release a copy of the medical report to Knox Mountain Motor Sport (KMMS) to be used as part of the Event and Steward Reports for the 2017 Knox Mountain Hill climb, hosted by KMMS.
3. If an entrant, driver, or crew member is under the legal age of majority, this form must be countersigned by the appropriate parent or legal guardian.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under the legal age of majority)

Parent or Legal Guardian Address \_\_\_\_\_

CAR # \_\_\_\_\_

Crew Member: \_\_\_\_\_

**Knox Mountain Hill Climb  
PARTICIPANT HEALTH FORM  
Confidential when Completed**

Name of Emergency contact travelling with you to the event:

\_\_\_\_\_

Their cell phone number \_\_\_\_\_

Name of any other person you would like us to contact in case of an emergency:

\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

1. Do you give staff permission to call an ambulance if necessary? Yes \_\_\_ No \_\_\_

2. If I am examined by a medical attendant following an incident, I hereby give authorization for them to release a copy of the medical report to Knox Mountain Motor Sport (KMMS) to be used as part of the Event and Steward Reports for the 2017 Knox Mountain Hill climb, hosted by KMMS.

3. If an entrant, driver, or crew member is under the legal age of majority, this form must be countersigned by the appropriate parent or legal guardian.

Printed Full Name of Crew Member: \_\_\_\_\_

Address: \_\_\_\_\_

Crew Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under the legal age of majority)

Parent or Legal Guardian Address \_\_\_\_\_

Office Use Only

Run time	/	Speed Trap	Run Time	/	Speed Trap
1) _____	/	_____	5) _____	/	_____
2) _____	/	_____	6) _____	/	_____
3) _____	/	_____	7) _____	/	_____
4) _____	/	_____	8) _____	/	_____

Car #

### Knox Driver Information Sheet

**DRIVER'S PERSONAL INFO**

Name \_\_\_\_\_ Age \_\_\_\_\_ Club \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

**CAR INFO** Class \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Colour \_\_\_\_\_

Modifications \_\_\_\_\_  
\_\_\_\_\_

Primary Sponsor \_\_\_\_\_

Other Sponsor(s) \_\_\_\_\_

Head Mechanic/Crew (if applicable) \_\_\_\_\_

**PLEASE BE SPECIFIC**

Knox Mountain: First Time Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years participated at Knox \_\_\_\_\_

Fastest Time and Year ever at Knox (and car if different from now)  
\_\_\_\_\_

When and how started racing \_\_\_\_\_  
\_\_\_\_\_

Other racing experience, (i.e. karts, autox, road race, etc)  
\_\_\_\_\_

Thank you's: \_\_\_\_\_

Track records held (include year set, class) \_\_\_\_\_  
\_\_\_\_\_

Best thing that happened last season:  
\_\_\_\_\_  
\_\_\_\_\_

**RACING HISTORY**

*Feel free to submit a media kit and/or press clippings with your entry.*