

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



**THE 62st KNOX MOUNTAIN HILLCLIMB (2019)**  
**May 18<sup>th</sup> & 19<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 CDN, \$290 US, until– May 6, 2019**

**\$400.00 all entries after May 6, 2019**

\$100.00 (Canadian) discount if you are a new driver,

\$100.00 (Canadian) discount 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 [knoxhillclimb@gmail.com](mailto:knoxhillclimb@gmail.com) and mail or email forms to:

**NEW REGISTRAR**

**Marie Sherman 390 Quilchena Dr. Kelowna, B.C. V1W4W4 cell 250-808-1448**

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

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

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

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

### Knox Driver Information Sheet

#### DRIVER'S PERSONAL INFO

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

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

Email \_\_\_\_\_ Phone # \_\_\_\_\_

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

Car #
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**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, give Knox Mountain Motor Sports Society permission to use this info on social media([www.facebook.com/knoxmtnhillclimb](http://www.facebook.com/knoxmtnhillclimb)) and our website([www.knoxmtnhillclimb.ca](http://www.knoxmtnhillclimb.ca)) for event promotion purposes.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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  
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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)

(if under

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