

# THE HIGHLANDER RALLY

Sunday, October 29, 2017

## ENTRY FORM

### **ENTRY FEE** (per vehicle)

\$25.00 for members (Payable to LHBCC) \$30.00 for non-members & day of event

Mail completed entry form to:

Sean Kunkle @ 1588 Buffenmeyer Rd., Latrobe, PA 15650-4712

### DRIVER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
LHBCC or SCCA Member: Yes No  
SCCA Member No. \_\_\_\_\_  
SCCA Region: \_\_\_\_\_  
Minor: Yes No  
Either Team Member Experienced? Yes or No

### NAVIGATOR (Please list additional teammates on a separate sheet)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
LHBCC or SCCA Member: Yes No  
SCCA Member No. \_\_\_\_\_  
SCCA Region: \_\_\_\_\_  
Minor: Yes No  
(waiver form for minors required)

### You may elect to receive the General Instructions early via e-mail.

Teammate Email: \_\_\_\_\_

Teammate Email: \_\_\_\_\_

### CAR

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate No. \_\_\_\_\_ State: \_\_\_\_\_

If neither the driver or navigator own the car provide the following:

Owners Name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_

**The entrants certify the car is on the road legally and, if not owned by either, is being used with the Owner's permission.**

**The entrants warrant that a valid insurance policy with liability limits of not less than \$20,000/\$40,000/\$10,000 is currently in force on the car described herein.**

**The undersigned certify that all of the information they have provided herein is true and correct** (so certify by signing below):

Entrant: \_\_\_\_\_

**THE HIGHLANDER RALLY**

**Sunday, October 29, 2017**

**ENTRY FORM**

**Additional Teamates Info**

Mail completed entry form to:  
Sean Kunkle @ 1588 Buffenmeyer Rd., Latrobe, PA 15650-4712

**Teammate**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
LHBCC or SCCA Member: Yes No  
SCCA Member No. \_\_\_\_\_  
SCCA Region: \_\_\_\_\_  
Minor: Yes No  
Either Team Member Experienced? Yes or No

**Teammate**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
LHBCC or SCCA Member: Yes No  
SCCA Member No. \_\_\_\_\_  
SCCA Region: \_\_\_\_\_  
Minor: Yes No  
(waiver form for minors required)

**You may elect to receive the General Instructions early via e-mail.**

Driver Email: \_\_\_\_\_

Navigator Email: \_\_\_\_\_

**CAR**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate No. \_\_\_\_\_ State: \_\_\_\_\_