

Office Use Only

Name

Entrant Number

ENTRY REQUEST



THE *Baxter* AUTO PARTS

Portland

**HISTORIC
R♦A♦C♦E♦S**



JULY 9-11, 2010

HISTORIC MOTOR SPORTS ASSOCIATION
hmsa

PRESENTED BY:

Bonhams ¹⁷⁹³
AUCTIONEERS & APPRAISERS

CHARTIS

CLARKE GARVEY
EXPERIENCE. INTEGRITY. EXCELLENCE.

PORTLAND INTERNATIONAL RACEWAY
www.portlandhistorics.com



2010 ENTRY REQUEST

PORTLAND HISTORIC RACES JULY 9-11, 2010 PORTLAND INTERNATIONAL RACEWAY

All information must be completed on both sides of this form or entry will be returned. Entry fee and a current photograph must accompany this entry.

Driver _____ Age _____ HMSA No. _____

Entrant/Owner _____

Address _____

City _____ State _____ ZIP _____

Hm. Ph: _____ Off. Ph: _____ Cell Ph: _____

FAX: _____ Email: _____

Shirt Size S M L XL XXL

ENTRY REQUEST WAIVER

As a driver and/or entrant, I make this request for entry into a Historic Motor Sports Association race event with the knowledge that motor racing is dangerous, and that I will be required to sign a Release & Waiver Form before being entitled to compete. Driver/entrant further acknowledges that vintage racing may involve dangers present in any form of motor racing; but that vintage racing may also entail special dangers including, but not limited to, lack of contemporary your own personal safety equipment, and safety equipment in your own or in competitors' cars such as roll cages, fuel cells, fire systems, etc., drivers with different skill levels, and race groupings which may include different types of cars in the same group, creating potential problems of visibility and disparate speed potentials. In requesting this entry, I acknowledge that I understand and voluntarily assume these and all other risks inherent in vintage racing. I also acknowledge any contact incident I may be involved in, may be reported to the Vintage Motorsport Council.

Entrant/Driver Signature _____ Date _____

ALL CARS MUST BE MUFFLED TO RACE AT PORTLAND INTERNATIONAL RACEWAY

State of Oregon noise limit is 105dBA measured trackside at 50 feet from the vehicle. A variance has been approved which allows three race groups up to 108dBA. Black Flag procedures will be enforced. I certify the above information to be accurate and correct. **I understand that any deviations found may exclude me from this event.**
PLEASE READ THE RULES Failure to complete all information may result in refusal of request for entry.

Signed: _____

DRIVER INFORMATION

Do you hold or have you held a recognized full competition license? YES NO Issued By _____ Years _____

Do you hold a current vintage racing license? YES NO Issued by _____

Do you hold a current medical card? YES NO Issued by _____ Date of Last Stress EKG _____

Have you competed in vintage races? YES NO Approximate Number of Races _____ No. of Years _____

List events competed in during last 12 months: _____

Have you previously participated in the Portland Historic? YES NO What Car? _____ What Group? _____

Have you been Black Flagged during last 12 months? YES NO Where/Why? _____

Have you been involved in an incident at a vintage event in which a car was damaged in the last 4 years? YES NO Where/When? _____

Have you been suspended by any racing organization during the last 4 years? YES NO Organization: _____

If yes please explain: _____

CAR INFORMATION

OFFICE USE ONLY Class _____ Group _____ Car Number _____

Entrant/Driver _____

Year: _____ Make: _____ Type: _____ Rdst/Cpe: _____

Chassis No.: _____ Color: _____ Class: _____ AMB Transponder No. _____

Has car been modified from original mfg. spec? (Explain): _____

ENGINE Make/Type/Year Mfg: _____ Disp. cc _____ Horsepower _____

Lubrication system wet sump dry sump Induction System Mfg. _____

Has engine been modified from original Mfg. spec? (Explain): _____

CAR RACE HISTORY: _____

Entrant/Driver acknowledges this car complies with all 2010 HMSA Rules and Regulations. If the car being entered does not comply please explain:

BRAKES Front Drum Disc Rear Drum Disc Original Improved If improved please explain: _____

Wheel Size (width & diameter): Front: _____ Rear: _____

TIRE SIZE, brand, model, speed rating, etc. (List exactly as shown on the sidewall)

Front: _____ Tread width: _____

Rear: _____ Tread width: _____

CAR NUMBER WILL BE ASSIGNED BY ORGANIZERS

Car number desired: List three choices (1) _____ (2) _____ (3) _____

ATTACH PHOTO HERE

No slides or photocopies please.

YOU MAY EMAIL A DIGITAL PHOTO TO:

hmsa@hmsausa.com

PUBLICITY RELEASE

As a condition or entry acceptance, the entrant and/or his nominated driver agree to permit HMSA and its assigns the use of their name, voice and/or likeness for news, publicity and feature use including film, television, and printed media, and in connection with advertising and purposes of trade. He/they further stipulate that no prior agreement with a sponsor or other person is in conflict with this agreement.

Driver Signature _____ Date _____ Entrant Signature _____ Date _____

REGISTRATION INFORMATION

Passes for the driver and 3 crew members are provided with each entry. Additional crew passes are available at \$30 each (there is a limit of 6 overcrew passes per entry). **Crew members must be 18 years of age.** Weekend guest passes may be purchased by participants for \$30 each, children under 12 are admitted free of charge.

Crew Name: _____ Crew Name: _____

Crew Name: _____

Over Crew list \$30 each

Crew Name: _____ Crew Name: _____

Crew Name: _____ Crew Name: _____

Crew Name: _____ Crew Name: _____

FEES

	Amount	QTY	TOTAL
Entry post marked prior to May 22nd	\$345.00	_____	\$ _____
Entry post marked after May 22nd	\$445.00	_____	\$ _____
Entry received after July 1st	\$545.00	_____	\$ _____
Additional Crew	\$30.00	_____	\$ _____
Additional Guest Pass	\$30.00	_____	\$ _____
Transponder Rental	\$50.00	_____	\$ _____
Test Day	\$125.00	_____	\$ _____
		TOTAL DUE	\$ _____

Each entry includes a \$75 non-refundable deposit. Additional tickets are \$30 each and must be ordered by June 26th.

NO REFUNDS AFTER JUNE 26, 2010

PAYMENT INFORMATION

VISA MasterCard Discover Check No.: _____ Total Amount _____

Credit Card No.: _____ - _____ - _____ - _____ Expiration Date ____ / ____ Security Code _____

Name on Card: _____ Signature _____

Make check payable to:



2029 Verdugo Blvd., No. 1010

www.portlandhistorics.com

email: entries@portlandhistorics.com

Montrose, CA 91020

Tel: 818.249.3515

Fax: 818.249.4917

FOR OFFICE USE

Authorization No. _____ Date Received _____ Amount Received _____ Check No. _____