



**COASTAL
EMPIRE**

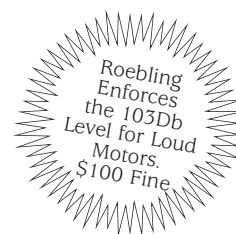
DRIVER EDUCATION

Saturday & Sunday, November 11–12, 2006

Event Chairman: Al Trivison

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**ROEBLING ROAD RACEWAY
DRIVER EDUCATION Registration Form**



Please fill in all blanks—NEATLY

PCA Members: \$200.00 • Non PCA Members: \$225.00 • Qualified Instructors: \$100.00

Make checks payable to: The Coastal Empire Payment must accompany registration form.

Mail To: Coastal Empire, c/o Trivison, 12 Glen Lake Avenue, Bluffton, SC 29909

ABOUT YOU:

Name: _____ Age: _____

PCA Membership # and Region: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ (Work): _____ EMAIL _____

PCA Racing License # _____ I plan to enter the Dec. Florida Crown PCA Club Race ☐ Yes ☐ No

ABOUT YOUR CAR:

Veh. Make _____ Model _____ Year _____ Modified: Y N Trailer: Y N

If you answered YES to MODIFICATIONS please let us know what was done.): _____

I am using my friend (give name) _____'s car. Please see their application.

Preferred Car Number: 1st Choice _____ 2nd _____ 3rd _____

ABOUT YOUR EXPERIENCE:

(Indicate the NUMBER OF FULL WEEKEND EVENTS in which RUN GROUPS you have done)

Run Group: Green or 1 (number attended)	Blue or 2. (number attended)	White or 3, (number attended)	Black or 4 (number attended)	Red or 5 (number attended)
_____	_____	_____	_____	_____

Last DE attended/instructed at:

Club _____	Date _____	Track _____	Run Group _____	Instructor's Name (if you had one) _____
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Prior Driver's School Experience:

Number of Driving Events at:	Roebbling Road _____	CMP _____	Road Atlanta _____
Barber _____	Rockingham _____	VIR _____	Sebring _____
			Other _____

Indicate any other information pertinent to assessing your driving skills: _____

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YOUR MEDICAL INFORMATION:

In Emergency, Notify: _____ Relationship: _____ Phone: _____

Current Medications: _____ Drug Allergies: _____

List Any Special Conditions: _____ Blood Type: _____

Personal Physician: _____ Address: _____ Phone: _____

CIRCLE YES OR NO

CONTACTS **Y N** DENTURES **Y N** ASTHMATIC **Y N**DIABETIC **Y N** EPILEPTIC **Y N** HEMOPHILIAC **Y N**

Please list medical training or ratings:

OUR FINE PRINT:

The Entrance fee for drivers (18 years and older with valid State driving license) **includes two days of Driver Ed** at Roebeling Road Raceway, **Hospitality Suite** on Friday Night at a still to be determined hotel. **I'm/we're planning to attend the PIG PICKING on Saturday night.** at \$10 per plate ☐ Yes ☐ No (Payment to be included with registration)

IF we do t-shirts your size is: ☐ M ☐ L ☐ XL ☐ XXL

" LATE FEE: applications postmarked after October 27 add \$25 per driver. Entry fees are refundable (less \$25 fee) only if requested from the Registrar before October 28. No refunds after the 28th. All cars in Green, Blue and White groups MUST have a full passenger seat with safety belts. All drivers MUST wear SA2000/05 approved helmets (M Helmets NOT acceptable) & fire retardant clothing. All Cabriolets, Roadsters & Speedsters MUST have an SCCA or PCA approved rollbar. *If you're not sure call.*

Send registration form & payment to: Jackie Travison, Bursar, The Coastal Empire, 12 Glen Lake Avenue, Bluffton, SC 29909.

For any questions: (843) 757-6666 or email: heron@hargray.com**NOTE: Experienced, qualified working instructors must be approved by George de la Bruyere.***Additional Note: SCCA now charges at the gate \$5 per person for entry into Roebeling Road Racetrack.*

I certify that I have no known physical or mental problems, which might jeopardize the safety of others or myself participating in this event.

Sign on the dotted line above**LATEST APPLICATION FEATURE**

**PLEASE ATTACH
A COPY OF
YOUR VALID
DRIVER'S LICENSE HERE**

No. or ✓	FEE	Dollar Amount
_____	\$200- PCA	_____
_____	\$225 - NON-PCA	_____
_____	\$100-INSTRUCTOR	_____
_____	BBQ SATURDAY @ \$10 Each	_____
_____	Payment Ocr 27 or later	_____
	Add \$25	_____

Full payment must accompany this form.

TOTAL DUE: _____Checks are payable to **COASTAL EMPIRE**