

# HEMMINGS MOTOR NEWS Great Race

## Official Entry Form

The Great Race 2015 is a controlled-speed endurance road rally organized and presented by Great Race, Chattanooga, Tennessee, and sponsored by Hemmings Motor News and Hagerty Insurance. The entry fee is \$5,000 for a Private Entry or \$7,000 for a Business/Corporate Entry. A special discounted entry fee of \$1,500 is available for X-Cup (student) teams. Mail checks to The Great Race, 1317 Chestnut Street, Chattanooga, Tennessee 37402. All hotel reservations are to be made through our travel agent.



(PLEASE TYPE ALL OF THE FOLLOWING INFORMATION AND EMAIL TO JENNIFERR@COKER.COM  
YOU MAY ALSO PRINT CLEARLY IN BLACK INK AND SUBMIT VIA MAIL)

### SECTION 1 KEY CONTACT IDENTIFICATION (Routine Correspondence goes to the Key Contact)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Team Name (Optional) \_\_\_\_\_ My Entry will be:  Private  Business/Corporate  X-Cup

### SECTION 2 COMPETITION DIVISION/AWARD ELIGIBILITY (Please Refer to Event Regulations I.E)

In which Division will you compete? (See Event Regulation I.E)  Grand Championship  Expert  Sportsman  X-Cup

Are you also eligible for Rookie Class? (See Event Regulation I.F)  Yes  No

### SECTION 3 DESCRIPTION OF VEHICLE (High resolution photo of vehicle must be emailed to angelias@coker.com)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ VIN Number \_\_\_\_\_

Engine -- Horsepower/Displacement/Type \_\_\_\_\_ Transmission (3-Speed, 4-Speed, other) \_\_\_\_\_ Overdrive: Type/Make \_\_\_\_\_

Original Body  Yes  No Body Type \_\_\_\_\_ Body Manufacturer (if other than original) \_\_\_\_\_

Competition History of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Car # desired: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ (Rookie Class entries will be assigned numbers)

Vehicle Condition:  Mint  Excellent  Very Good  Good

Any Modifications:  Yes  No (If yes, explain below) Is Vehicle authentic in every detail?  Yes  No (If no, explain below)

(This information determines the vehicle's age factor; refer to V.D of the Event Regulations. This sheet goes to the Chief Technical Inspector for Technical Inspection purposes. Attach an additional page with a more complete description if necessary.)

Vehicle Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Expiration \_\_\_\_\_ Coverage Limits \_\_\_\_\_

(Certificates of Liability Insurance from your Insurance Company on your race and support vehicles are required by May 15, 2015)

### SECTION 4 VEHICLE OWNER IDENTIFICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (Company Name if Applicable) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Street Address (if different than Mailing Address) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

By his/her signature, Owner warrants ownership of and insurance on the Vehicle described  
In Section 3, and gives permission for use and entry of this vehicle in the 2015 Great Race \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5 DRIVER IDENTIFICATION (Driver head shot should be emailed in high resolution to angelias@coker.com)**

\_\_\_\_\_  
Last Name First Name MI Mailing Address City/State/Zip  
\_\_\_\_\_  
Street Address (if different than Mailing Address) ( ) Cell Phone Email Address  
\_\_\_\_\_  
/ / # / / /  
Birthday Driver License # State Exp. Date Hometown (as it should appear on lanyard) Shirt Size  
Rally Experience of Driver: \_\_\_\_\_  
\_\_\_\_\_  
In Case of Emergency Notify Relationship Telephone Number

Please make my contact information available for other racers prior to the race start.

(If you have an Alternate Driver, Please provide the above information on a separate sheet.)

**I have a food allergy:**  
\_\_\_\_\_

**SECTION 6 NAVIGATOR IDENTIFICATION (Navigator head shot should be emailed in high resolution to angelias@coker.com)**

\_\_\_\_\_  
Last Name First Name MI Mailing Address City/State/Zip  
\_\_\_\_\_  
Street Address (if different than Mailing Address) ( ) Cell Phone Email Address  
\_\_\_\_\_  
/ / # / / /  
Birthday Driver License # State Exp. Date Hometown (as it should appear on lanyard) Shirt Size  
Rally Experience of Navigator: \_\_\_\_\_  
\_\_\_\_\_  
In Case of Emergency Notify Relationship Telephone Number

Please make my contact information available for other racers prior to the race start.

(If you have an Alternate Navigator, Please provide the above information on a separate sheet.)

**I have a food allergy:**  
\_\_\_\_\_

**SECTION 7 SUPPORT CREW IDENTIFICATION**

**Each team is allotted 2 support crew members per registration fee. Support crew lanyards provide access to Opening Reception, Awards Banquet, and all overnight stop dinners. Each additional support member is \$50. Additional \$50 Awards Banquet-only tickets will be sold at Registration on June 18<sup>th</sup>. Support Team identification must be submitted to the Great Race by May 29, 2015.**

1. \_\_\_\_\_  
Last Name First Name MI Mailing Address City/State/Zip  
\_\_\_\_\_  
/ / # / / / ( )  
Birthday Driver License # State Exp. Date Cell Phone Email  
\_\_\_\_\_  
In Case of Emergency Notify Relationship Telephone Number

2. \_\_\_\_\_  
Last Name First Name MI Mailing Address City/State/Zip  
\_\_\_\_\_  
/ / # / / / ( )  
Birthday Driver License # State Exp. Date Cell Phone Email  
\_\_\_\_\_  
In Case of Emergency Notify Relationship Telephone Number

**SECTION 8 SUPPORT VEHICLE (Please read Section II.E of the Event Regulations. Each entry entered may have one support vehicle at no charge. If you share support with another team, or have additional vehicles, please indicate below)**

Our Team:  Will not have a Support Vehicle.  Will have \_\_\_\_\_ Support Vehicle(s).

Will Share Support With \_\_\_\_\_ Car # \_\_\_\_\_

Support Vehicle(s) type:  Pick-Up  Dually  SUV  Van  Other \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Contact information of support vehicle driver: \_\_\_\_\_

Trailer:  Enclosed  Open Total Length (including tow vehicle) \_\_\_\_\_ Height \_\_\_\_\_

\_\_\_\_\_  
 Owner of Support Vehicle & Trailer Vehicle \_\_\_\_\_ Trailer \_\_\_\_\_ Vehicle \_\_\_\_/\_\_\_\_/\_\_\_\_ Trailer \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State/License Plate # State/License Plate # Registration Expiration Registration Expiration

\_\_\_\_\_  
 Support Vehicle Insurance Co. Policy Number Expiration Coverage Limits

**SECTION 9 RECIPIENT OF PRIZE MONEY**

\_\_\_\_\_  
 Individual or Company Name Mailing Address City/State/Zip

\_\_\_\_\_  
 Federal Business Tax ID Number (or SS# for Individual) *Great Race will issue a 1099 to entity/person receiving the check* Telephone Number

**SECTION 10 SPONSOR IDENTIFICATION (For Business/Corporate Sponsored Entries only)**

\_\_\_\_\_  
 Sponsor Name Name of Contact Email address

\_\_\_\_\_  
 Address City/State/Zip ( ) Office Phone ( ) Fax Number

\_\_\_\_\_  
 Type Business/Product/Service Number Years in Business

**SECTION 11 TERMS AND CONDITIONS OF ENTRY**

1. The entry fee, as stated herein, is for one vehicle entered in the 2015 Great Race (the "Event").
2. Owner/Entrant understands that this entry is a conditional offer to participate and if accepted, constitutes an agreement with The Great Race to take part in the Hemmings Motor News 2015 Great Race (hereinafter "Great Race"), unless otherwise prevented by circumstances beyond the control of Owner/Entrant.
3. The undersigned agrees for himself/herself and his/her team to comply with all federal, state and local laws related in any way to the Event.
4. The undersigned certifies that to the best of his/her knowledge all information on this form is true and correct, and that licenses and insurance policies listed above are and will be legally valid and in force throughout the duration of the Event and further that he/she has the authority to provide such information to the Great Race.
5. The undersigned further acknowledges that **All Participating Crew and Support members must sign an insurance waiver and indemnity agreement in order to participate in the Event.**
6. The undersigned agrees that all hotel reservations are to be made through Covington Travel using their online registration site.
7. The undersigned further acknowledges receipt of the Great Race Event Regulations and acknowledges and represents that he/she has (a) thoroughly read the Event Regulations; (b) understands the Event Regulations including without limitation the rules and regulations pertaining to prizes; and, (c) agrees to comply with all such regulations as well as any and all supplemental regulations that may be subsequently issued by the Great Race.
8. Finally, the undersigned acknowledges that **All Participating Crew and Support members must agree to permit Great Race, the promoter of the Event, and their assigns, the use of their name, voice and/or likeness and photographic/ videographic images of them and their vehicle for news, publicity and feature use, films and video, newspapers, magazines and all other media in connection with advertising and for purposes of trade.**

\_\_\_\_\_  
 Signature of Entrant Printed Name Date

(Please keep a copy of this completed Entry Form for your files)