#### ENTRY FEE FORM (CHECK ALL THAT APPLIES)

#### NEVADA OPEN ROAD CHALLENGE – MAY 15-18, 2025

O ELY-THURSDAY FUN EVENT O ELY-FRIDAY RECEPTION O ELY BANQUET-SUNDAY

## ALL ROOKIES MUST ATTEND THE ROOKIE INSTRUCTION SESSION COMPLETE ENTRY BY MAY $\mathbf{1}^{ST}$

| <u>CAR NUMBER</u> :      | Choice #1                  | Choice #2                          | Choice #3              |                                |
|--------------------------|----------------------------|------------------------------------|------------------------|--------------------------------|
| If all the numbers selec | ted have been previou      | usly assigned or no choices are sp | ecified, a number will | be assigned to you by SSCC.    |
| Select between 250 an    | <u>d 500</u> . No numbers  | beginning with zero (0) or ending  | g with (1/2) halves. N | umbers are assigned on a first |
| come basis. Participant  | s owning a <b>Lifetime</b> | number are never assigned. ALI     | Drivers and Naviga     | tors/Co-drivers MUST have      |
| a current SSCC Racii     | ng License to enter.       | Pre-printed numbers will be or     | dered for all entries  | paid in full 3 weeks prior to  |
| event.                   |                            |                                    |                        |                                |

| FEE    | NORC  | TOTAL |
|--------|---|-------|
|        | MAY   | FEES  |
|        |   |       |
| 1045   |   |       |
| 945    |   |       |
| 845    |   |       |
| 745    |   |       |
| 645    |   |       |
| 195    |   |       |
| 50     |   |       |
|        |   |       |
| YES    | NO  |       |
| YES    | NO  |       |
| 318    |   |       |
| 50     |   |       |
| each   |   |       |
| 200    |   |       |
| 200    |   |       |
|        |   |       |
| Includ | XXXXX   |       |
| Includ | XXXXX   |       |
| 50     |   |       |
| 40     |   |       |
| each   |   |       |
| (25)   |   |       |
| (50)   |   |       |
| XLG    | XXLG  | XXXLG |
| XLG    | XXLG  | XXXLG |
|        |   |       |
|        | 1045 945 845 745 645 195 50  YES 318 50 each 200  200  Includ Includ 50 40 each (25) (50) XLG | MAY   |

May Entry Fees 2024 rev 1/10/2025

\*\* CANCELLATION POLICY: Cancellations over Thirty (30) days prior to the event will forfeit \$150 of the fees paid. Entries cancelled between 15 and 30 days prior to the event will forfeit 50% of fees paid. Entries cancelled less than 15 days prior to the event will receive no refund. Event no-shows forfeit all fees. By signing the entry application and there by entering the event, you are certifying your understanding and acceptance of these terms.

SSCC will make every effort to ensure that the Event will be started and completed in a timely manner. There may be occasions where Acts of God or Governmental Intervention may prevent the start and/or completion of the Event. If such an occasion were to arise, SSCC cannot issue refunds or rain checks.

| Participant's Signature:  |
|---|
| Date:   |
| Please include a check or money order payable to SSCC Inc., or use the area below for Credit Card (MasterCard/Visa only). |
| Forward this form, your entry application and other forms to:   |
| SSCC at 1139 E. Aultman St, Ste C Ely, NV 89301 Phone (775) 289-6900  |
| Exp Date:   |
| Card Verification # Zip Code Attached to Billing Address  |
| Signature:  |
| Name as it appears on the Credit Card:  |

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# NEVADA OPEN ROAD CHALLENGE ® DRIVERS ENTRY APPLICATION

### PARTICIPANT INFORMATION DRIVER INFORMATION PLEASE ATTACH: PHOTOCOPY OF YOUR VALID DRIVER'S LICENSE & MEDICAL INSURANCE CARD Phone: Days: ( ) Address: Phone: Evenings: ( ) City: \_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Fax: (\_\_\_) \_\_\_\_ Date of Birth: E-Mail: \_\_\_\_\_ TARGET SPEED SELECTED: \_\_\_\_\_ (Example 120 mph, 160 mph, etc.) T-SHIRT SIZE (CIRCLE ONE) SMALL MEDIUM LARGE X LARGE XX LARGE XXX LG ALL FIRST TIME PARTICIPANTS: IT IS MANDATORY THAT ALL FIRST TIME DRIVING PARTICIPANTS SIGN UP AND ATTEND THE INSTRUCTIONAL SESSION ON THURSDAY. **VEHICLE INFORMATION** CAR: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_ Color: NAVIGATOR OR CO-DRIVER INFORMATION.....CIRCLE ONE Name: \_\_\_\_\_\_\_ Phone: Days: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_\_ Phone: Evenings: (\_\_\_\_\_) \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_ E-Mail: T-SHIRT SIZE (CIRCLE ONE) SMALL MEDIIUM LARGE X LARGE XX LARGE XXX LARGE

I hereby certify that the information above is correct, and I understand that any misrepresentation is grounds for disqualification from the event and forfeiture of my entry fee. I understand that SSCC may reject my entry for any reason. I understand I must have current Medical Insurance coverage at the time of the event.

Date

| Will the Navigator/Co-Driver Drive the second leg | $\square$ YES | $\square$ NO |  |
|---|---------------|--------------|--|

For More Information - Call SSCC @ (775) 289-6900

Signature of Driver

Official Use Only: ASSIGNED CAR #

Date

Signature of Navigator