

ENTRY FORM

**International Rally New York
Narrowsburg - Monticello, NY
September 22-23, 2006**



Entry Fees:

Int'l & National (USRC) - \$ 900 by September 6 \$ _____
 Friday Regional (NYRC) - \$ 400 by September 6 \$ _____
 Saturday Regional (NYRC) - \$ 500 by September 6 \$ _____
 All Three Events - \$1,000 by September 6 \$ _____
 Course Notes (Optional) - \$ 135 \$ _____
Late Fee - after Sept. 6 - \$ 150 \$ _____
 Reconnaissance Only - \$ 175 \$ _____
 (Only for crews not competing)

Total Enclosed \$ _____

Paypal Payments: To account Eurorally@aol.com at www.Paypal.com

Payment by Check: Please make checks payable to *Rally New York, Ltd.*

Please mail checks and entry forms (entry forms may be faxed) to:

**International Rally New York
2488 Route 42
Forestburgh, New York 12777 USA**

Tel. 845-794-4096 Eurorally@aol.com
 Fax 845-794-4098 www.RallyNewYork.com

NO REFUNDS after close of entry on September 13, 2006

Western, Canadian and foreign entrants should check the Supplementary Regulations for applicable discounts and benefits.

	ENTRANT	DRIVER	CO-DRIVER
Team Name			
Last Name			
First name			
Nationality (as Passport)			
Postal address	1.	2.	3.
Indicate address where ALL correspondence is to be sent (1, 2, or 3 - list only one address please)			
Telephone No. (business)			
Telephone No. (private)			
Mobile Telephone No.			
Fax No.			
E-mail Address			
Team Website Address			
Competition License No.			
Type of License (FIA, USAC, etc.)			
Issuing ASN (FIA/Internt'l)			
Driving License No.			
Country of Issue			

DETAILS OF THE CAR

Make	Registration No.
Model	C.C.
Year of Manufacture	Body No.
Group / Class	Engine No.
Homologation No.	Predominant Color
Country of Registration	Logbook No.

SEEDING INFORMATION

Driver _____

Car _____ Group / Class _____

FIA Priority A YES / NO FIA Priority B YES / NO

Previous FIA, Regional, or National Seed YES / NO

If yes, Region: _____ Year: _____ Seed: _____ Priority: _____

Championship Winner? YES / NO

If yes, name Championship: _____ Year: _____ Place: _____

	Year	Event	Car	Group	O/A Position	Class Position	No. of Finishers
Intern't'l							
National							
Other							

In case of emergency, contact:

For Driver: _____ Phone: _____

For Co-Driver: _____ Phone: _____

List any medical conditions we should be aware of:

Driver: _____

Co-Driver: _____

ACKNOWLEDGEMENT AND AGREEMENT

By signing this form, I declare that all the information contained on the entry form is correct. I acknowledge and agree in full to all terms and conditions relating to my participation in this event, as stated in the Supplementary Regulations and all other relevant Rules and Regulations.

For Entrant: _____ Name/Title: _____ Date: _____
Signature

Driver: _____ Co-Driver: _____ Date: _____
Signature Signature