

## Ellenville - Monticello - Narrowsburg , NY

**September 6 – 8, 2007** 

2007 INTERNATIONAL RALLY NEW YO	Paypal Payments: To account Eurorally@aol.com at www.Paypal.com		
Entry Fees if RECEIVED by August 16, 2007:		Payment by Check:	Please make checks payable to
Friday Regional 1 (NYRC) Tarmac - \$ 450	\$	Rally New York, Ltd.	
Saturday Regional 2 (NYRC) Gravel - \$ 495	\$	Please mail checks ar	nd entry forms (entry forms may
Both Regionals (NYRC) - \$ 945	\$	be faxed) to:	
National (USRC) Tarmac/Gravel - \$ 945	\$		
Both Regionals and National - \$ 945	\$	International Rally No.	ew York
Add \$100 after August 16	\$	2488 Route 42 Forestburgh, New Yo	ork 12777 USA
Total	\$	1 01 00 to at gri, 110 to 11	71K 12177 337K
Please see Supplementary Regulations for discounts		Tel. 845-794-4096 Fax 845-794-4098	Eurorally@aol.com www.RallyNewYork.com
available to Western and Canadian competitors	<b>;</b>		

	ENTRANT	DRIVER	CO-DRIVER
Team Name			
Last Name			
First name			
Nationality (as Passport)			
Postal address	1.	2.	3.
Indicate address where <b>ALL</b> correspondence is to be sent (1, 2, <b>or</b> 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'I)			
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**

Drive	er						
Car			Group / Clas	s			
FIA F	Priority A	YES / NO	FIA Priority B YES	S / NO			
Prev	ious FIA, Re	egional, or National Seed	YES / NO				
If yes	s, Region: _		Yea	r:	Seed:	P	riority:
Char	npionship W	/inner? YES / NO					
If yes	s, name Cha	ampionship:			Year:	P	lace:
	Year	Event	Car	Group	O/A Position	Class Position	No. of Finishers
Internt'I							
National							
Other							
ŏ							
In ca	se of eme	rgency, contact:					
				Phone:			_
			Phone:				
1 01	oo Diivoi.			1 110110			_
List	any medica	al conditions we should t	oe aware of:				
Drive	ər:						
Co-[	Oriver:						
		ACK	NOWLEDGEMEN	NT AND AGR	EEMENT		
and		orm, I declare that all the in elating to my participation					
For F	Entrant:		Name/	Title:		Date:	
-· <b>-</b>		Signature		-			
Drive	er:	Signature	Co-Driver:	Signat		Date:	
		Signature		Signat	ure		