

# 2004 HIGH PERFORMANCE DRIVING SCHOOL

**Thunderhill Park - Willows, CA**  
P.O.BOX 966 - WILLOWS, CA 95988 530-934-5588  
Web site: www.thunderhill.com

**EVENT DATE:** \_\_\_\_\_

**DRIVER:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/ST/Zip** \_\_\_\_\_

**Day Phone ( )** \_\_\_\_\_

**Email** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**Age** \_\_\_\_\_

**CAR:**

Year \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_ CC's \_\_\_\_\_

**Please note: CONVERTIBLES**

**Must have a roll bar above the driver's head.**

**No hoops or pop-up roll-over systems allowed.**

Modifications, if any

\_\_\_\_\_

**Car Owner:** (If different than driver)

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

**Previous Track Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Fee                      \$ 195.00**

**CREDIT CARD INFORMATION:**

Circle one:            Mastercard            Visa

CARD NUMBER: \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ \*                      \*                      \*

**OFFICE USE :**

DATE RECEIVED \_\_\_\_\_ AMT \_\_\_\_\_

CASH \_\_\_\_\_ CC \_\_\_\_\_ CHECK# \_\_\_\_\_

**DRIVER MEDICAL INFORMATION**

Current Medications: \_\_\_\_\_

Allergies, Prosthesis etc. \_\_\_\_\_

Last Tetanus Shot (Approx. date) \_\_\_\_\_

Accident Notification:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Car Insurance Co. \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Helmet Rental    Yes    No

It is hereby understood and agreed that the undersigned and the car described herein are to appear at the above event to participate under rules pertaining to the event. I certify that my car complies with the regulations. I have read the instructions and entry form, and I hold the appropriate license for the event. I further waive all rights and so release unto the sponsor(s) the use of my name and photographs of myself and my car for publicity and promotional purposes. I further hold harmless the sponsor(s) and its workers and officials for damage to my vehicle(s) and equipment.

SIGNATURES: **ENTRY MUST BE SIGNED**

DRIVER \_\_\_\_\_

**Mail with check payable to:**

**THUNDERHILL PARK (530) 934-5588**

**P.O.BOX 966 (530) 934-8794 FAX**

**Willows, CA 95988**

**Web page: www.thunderhill.com**

Faxed entries are permitted by Mastercard/Visa for total fees.