WOSCA Slalom Entry Form

Car No. _____

Driver's Name:_____

Email Address (or home address): _____

Phone Number: _____

WOSCA Member: Yes No

Novice: Yes No (no more than 3 prior events)

Signature: _____ Date: _____

Vehicle Information: CASC-OR class: _____

Year: _____ Make: _____ Model: _____

Lic. Plate: _____ Colour: _____

Owners Signature (if not driven by owner): _____

Event Date	Class Used	Competitor Initials	Paid (official use only)