

2020 Maryhill Hillclimb Entry Form Sept. 26th and 27th

(Prior to registering, all sanctioned NHA events require current NHA Membership to compete)

(Please print legibly)

Driver #1
 Name _____ Home Phone # (____) _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____
 E-mail _____ Cell/Mobile Phone # (____) _____
 Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____
 Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:
 Name _____ Phone # (____) _____
 Will he or she be on site? (Yes / No) _____
 Relation: _____ (Alternate Phone): _____
 Address: _____
 Prescription Medications: _____
 Special Medical Conditions _____
 Insurance Information Carrier: _____ ID Number: _____ Group: _____
 Subscriber: _____

Mark Yes or No for each condition

	Yes	No		Yes	No		Yes	No
Asthmatic			Hemophiliac			Hearing Impaired		
Hypertension			Contacts			Dentures		
Diabetic			Pregnant			Epileptic		
Allergies - Penicillin			Other Allergies					

Car Information

Make _____ Model _____ Year _____ Color _____
 Engine Displacement _____ Turbo or Supercharger (yes / no) NHA Class _____

We are always looking for volunteers. They are the unsung hero's that allow the driver to do what he or she loves to do. If you know someone (family, friend, or crew) that would be willing to work. Please fill out volunteer form the day of the event.

Driver #2
 Name _____ Home Phone # (____) _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____
 E-mail _____ Cell/Mobile Phone # (____) _____
 Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____
 Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:
 Name _____ Phone # (____) _____
 Will he or she be on site? (Yes / No) _____
 Relation: _____ (Alternate Phone): _____
 Address: _____
 Prescription Medications: _____
 Special Medical Conditions _____
 Carrier: _____ ID Number: _____ Group: _____
 Subscriber: _____

	Yes	No		Yes	No		Yes	No
Asthmatic			Hemophiliac			Hearing Impaired		
Hypertension			Contacts			Dentures		
Diabetic			Pregnant			Epileptic		
Allergies - Penicillin			Other Allergies					

Entry Fee Schedule (all monies U.S.)

Entry - No. of drivers ___ @ \$135.00 ea. (\$155 ea. if postmarked after Sept. 12th) \$ _____

T-Shirts (Qty. ea. size) ___ Med ___ Lg ___ XL @ \$17.00 ea.
___ XXL ___ XXXL @\$19.00 \$ _____

Sweat Shirts (Qty. ea. Size) ___ Med ___ Lg ___ XL @\$25.00ea
___ XXL ___ XXXL @\$28.00 \$ _____

TOTAL \$ _____

There will be no water or food on site so please bring your own.

Driver #1

Name _____

Driver #2

Name _____

Drivers must read, sign, and date

___ I hereby affirm that I have a valid drivers license and that I am of legal age (18 years) or older.

___ I currently hold a valid driver's license.

___ I agree to abide by all of the rules and regulations governing this event.

___ I further agree to use the course of this event at my own risk, and do hereby release, Discharge, and hold harmless the Willamette Motor Club, Inc., together with its Assignees, officers, agents, employees, officials, and their successors, from all liability For personal injury that may be received by this entrant, and from all claims and demands To personal property growing out of, resulting from, or caused by this event, and Construction or condition of the course over which this event is held.

___ I have read all of the above, all attached and/or posted rules and regulations governing This event, and agree to the terms therein.

___ Refunds at the discretion of the Event Chairman and are final. Submitted requests will be processed after the event.

___ An approved NHA 2020 decal is required for each side of the car. If you did not receive them when you became a current NHA member, you can see Marcy Myers, Secretary/Treasurer for NHA at the site to receive them.

Driver #1 Signature _____ Date _____

Driver #2 Signature _____ Date _____

Make checks payable to: WMClub

**Send completed entry form and check to: Deb Riedel
PO BOX 422
Hubbard, OR 97032**

For more information see our website (www.wmclub.org) or contact Debi Riedel at debimilburn@comcast.net