



**BEAVERUN**  
 MOTORSPORTS COMPLEX  
 724-535-1000  
[www.beaverun.com](http://www.beaverun.com)

## BeaveRun MotorSports Complex Flat Out Day Application

Please consider me as a participant in the BeaveRun Flat Out day to be held on the 1.6 mile North Course on \_\_\_\_\_, 200\_\_\_\_. Registration and safety checks will begin promptly at 8:00am . On-track sessions will run from 9:00am to 5:00pm with a one hour break for lunch. This is a great opportunity to learn more about your car and enhance your driving skills; This is **NOT** a racing school. Novice & Intermediate drivers will be paired with an instructor (no exceptions) and will be expected to stay well within their driving limits. First Timers are especially welcome!

### REQUIREMENTS

1. Helmet – SNELL 2000 (or newer) “SA” rating (“M” rated helmets are NOT acceptable)
2. Seatbelts (3 point minimum) – Driver and passenger/instructor seatbelts must be equivalent
3. Seats: Vehicles in Groups 1 & 2 must have a passenger seat & seatbelts equivalent to that of the driver
4. Roll bar if open car – bar must be taller than driver & provide protection for instructor.
5. Sunroofs must be fully closed; convertible tops must be in “raised” position unless arm restraints are used
6. Minimum 3/32” tire tread depth on “speed rated” street tires; requirement waived on race tires
7. Long cotton pants and leather or canvas shoes required; Long sleeve cotton shirt & driving shoes recommended.
8. 18 years or older. Valid driver’s license required
9. No more than one novice (Group 1) driver per vehicle
10. Muffled exhausts required (95 DbA limit).
11. Drivers are responsible for the preparation and safety of their cars. All vehicles must pass a safety check.
12. In-car cameras permitted with commercial mount and minimum of 1 ft away from any occupant body part

### DRIVER DATA

Co-Driver Must Fill Out a Separate Form

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Sharing Car With \_\_\_\_\_  
 Name and Phone Number of Emergency Contact \_\_\_\_\_  
 Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

### VEHICLE DATA

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Engine Displacement \_\_\_\_\_ Car Color \_\_\_\_\_ Permanent Car No.\* \_\_\_\_\_  
 Performance Modifications \_\_\_\_\_

\*(ONLY if have permanently attached numbers on both car sides. Leave blank if magnetic or temporary numbers.)

### DRIVER EXPERIENCE

Number of “On Track” days at BeaveRun: \_\_\_\_\_  
 Number of “On Track” days at other road courses: \_\_\_\_\_  
 Hold active competition license with following organizations: \_\_\_\_\_

**I heard about this event:**     by word of mouth         BeaveRun Web Site         Other Web Site  
     Email from Beaverun     Radio/TV Advertisement     Other: \_\_\_\_\_

**PRE-REGISTRATION FEE \$165.00** (if payment received 48 hours prior to registration) or **\$180.00 otherwise**

Make Checks Payable to BeaveRun MotorSports Complex. Mail registration form and entry fee to:

BeaveRun MotorSports Complex  
 201 Penndale Rd  
 Wampum, PA 16157  
 Tele: 724.535.1000  
 Fax: 724-535-0100