



2010 PCA CLUB RACING LICENSE RENEWAL STATEMENT \$75.00

Payment of this statement will renew your license to: **12/31/10**

The PCA Club Racing Licensing Policy requires that your medical certification be updated a minimum of every two years or annually, if determined by the examining Medical Doctor. The medical certification is available on the PCA webpage - Club Racing (http://www.pca.org/portals/cr/PCA-CR_PhysicalExam.pdf) or from the Club Racing Office (addresses below). Mail, e-mail (scan) or fax (no cover required) the new fully completed medical certification to the PCA Club Racing Office.

Name _____ Region _____
Street _____ PCA Membership # _____
City _____ PCA Membership Exp date _____
State, Zip _____ Phone: home _____
E-mail: _____ work OR cell _____
fax: _____

Is this a new car/new logbook car for 2010? Y _____ N _____
Porsche Year _____ Model _____ **2010 PCA Club Racing Class** _____
Engine Displacement _____ Color _____ Stock _____ Prepared _____ GT _____
Weight _____ Transponder # _____

- I certify that I am renewing my PCA Racing License in full knowledge of the dangers inherent in this type of motorsports activity.
- Porsche Club of America is a private, not-for-profit organization. It reserves the right to deny the issuance of any license, or to revoke any license previously issued, for any reason or no reason, except that it will not deny or revoke a license solely on the basis of race, creed, color, sex or national origin.
- By signing this PCA Club Racing License Renewal, I am agreeing that I will not initiate or maintain litigation of any kind against Porsche Club of America, its officers, directors, race organizers, race participants (racers, workers, volunteers, etc.) or any of its chartered regions.
- I agree that if I do initiate or maintain any litigation in violation of this provision, I will reimburse the others parties for all their costs incurred in defense of the litigation, including, but not limited to, attorneys fees and expenses.

The PCA Club Racing Licensing Fee may be paid by check, money order, Visa, MasterCard, or American Express. If paying by check, please make your check payable to **PCA CLUB RACING** in the amount of **\$75.00**.

Check _____ Visa _____ MC _____ AmEx _____ # _____ Exp. _____

Print name of Credit Card holder _____

Address of Credit Card holder _____

SIGNATURE _____ **Date** _____

Please list the PCA Club Races in which you have participated in 2009.

**PCA CLUB RACING
1897 MISSION HILLS LANE
NORTHBROOK, IL 60062**

847.272.7764

Fax: 847.272.7785

e-mail: clubrace@pca.org

This form (with renewal fee) may be returned by mail, fax or e-mail