



2017 PCA CLUB RACING LICENSE RENEWAL STATEMENT

\$110.00

To renew please submit this form, fully completed, signed, and dated, with renewal fee.

The 2017 PCA Club Racing License will expire **12/31/17**

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 / Rules-Licensing-Forms) 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 _____

PCA Membership # _____

Address _____

PCA Membership Exp date _____

PCA Region _____

Cell phone _____

E-mail _____

Home / Work phone _____

Is this a new car/new logbook car for 2017? Y N

2017 PCA Club Racing Class _____

Porsche Year / Model _____

Color _____ See 2017 Rule Book

Engine Displacement _____ Transponder # _____

STOCK PREPARED

Minimum Class Weight (lbs - See Class Weight Tables in 2017 Rule Book) _____

SPEC MODIFIED

- 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.
- I understand that a PCA approved contractor may contact me on behalf of PCA Club Racing. My contact information will be used exclusively for PCA Club Racing purposes only.
- 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, attorney fees and expenses.

SIGNATURE _____

Date _____

(required – unsigned forms will be returned)

Check
MC

Visa
AmEx

The PCA Club Racing Licensing Fee of **\$110.00** may be paid by check, money order, or credit card. If paying by check, please make your check payable to **PCA CLUB RACING**.

_____ Exp. _____ CCV _____

Print name of Credit Card holder (required) _____

Address of Credit Card holder (required) _____

List the Race Events in other organizations in which you participated in 2016.

PCA CLUB RACING

1897 MISSION HILLS LANE

NORTHBROOK, IL 60062

847.272.7764

Fax: 847.919.6862

pcaclubrace@aol.com

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

PLEASE NOTE: INCOMPLETE RENEWAL STATEMENTS WILL NOT BE PROCESSED