



ROAD RACING SINCE 1958 WWW.MCSCC.ORG

### Midwestern Council of Sports Car Clubs

**2016 Driver School  
Permit Application  
for  
Wheel-To-Wheel Competition**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 MC Club: \_\_\_\_\_

**Have you ever held an MC license? Y N**

**How did you find Midwestern Council?**

Has your state driver's license been suspended during the last 10 years:	YES	NO
Is it now suspended?	YES	NO
Have you been convicted of any moving violations in the past year?	YES	NO

Driver's License number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

#### MEDICAL HISTORY

Please circle any that may apply.

RHEUMATIC FEVER	HIGH BLOOD PRESSURE	HEAD INJURY	HEART TROUBLE
EPILEPSY	KIDNEY DISEASE	DIABETES	FAINTING SPELLS

Have you had any medical problems in the last 12 months? YES NO

If YES please list: \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND VALID

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ AGE: \_\_\_\_\_

#### INSTRUCTIONS FOR FILING:

1. **Be sure to send your membership application or renewal to your club of choice or join a club at online registration.**
2. Schedule a physical – remember to take the form.
3. Answer all the questions on both forms.
4. Sign and date the application
5. Register for the Driver School at [www.motorsportreg.com](http://www.motorsportreg.com)
6. Make copies of all documentation before mailing.
7. Mail **Application** and **Medical Form** to the School Registrar.

**Mail with Medical Form to  
School Registrar:**

Stephanie Andersen  
900 Kingston Ave.  
Racine, WI  
53402

THANK YOU!