

## **2020 COMPETITION LICENSE APPLICATION**All applicants MUST be at least 18 years of age

P.O. Box 280, Marietta, GA 30061 Administration contact: 770-380-7770 | jbentley463@gmail.com

Name			Email				
Address			City	Sta	State		
Phone (day)	Cell_		DOB		_		
New Applican	t complete all information below	Renew	skip to Car Information Sect	tion License Num	nber		
	ts must supply the following	-					
Copy of Proof o	Copy of current competition license with a VMC member organization (e.g. VSCDA, HMSA, VRG, etc.) <b>OR</b> Copy of current competition license with a recognized professional racing organization (e.g. FIA, IMSA, SCCA, etc.) <b>OR</b> Proof of successful completion of an accredited 3-day Road Racing Driving School (e.g. Skip Barber, Bondurant, etc.) Current medical form – <b>Date of medical form must be valid through 12/31 of year of application</b> Medicals are active for 3 years						
☐ Digital	signed at event registration in the photo of applicant in jpeg format he approval of the Competition	t. Please sen	nd to Julie Bentley at <u>jbentley4</u>		with Inte	rnational GT	
Current license	e held (include copy):						
Racing School	completed (include certificate	e):					
Other racing ex	xperience:					<del></del>	
Car Informati	ion - Please Complete:						
Type of race ca	ar you intend to race: Make		Model		_Year		
	licenses purchased by January tion date of all licenses is Decemb			anuary 16, 2020 o	or later		
Credit Card Typ	e: MasterCard	☐ Visa	☐ American Express	☐ Discover			
Credit Card Nun	mber		Exp Date		_ Security	/ Code	
Billing Address	(if different from above):						
			Phone				
Make checks pa	yable to International GT						
Competition Li	nat International GT reserves the cense Application and fee by are ust be officially approved by Int	ny Internati	ional GT official does not con				
FOR OFFICIAL	USE ONLY						
Date received		Amount	received	Cash/Ck/CC			
☐ Photo	received Waiver received	<u> </u>	edical form received				