## **SCHEDULE OF ENTRY FEES**

Entry Fee per Car \$1,000.00

Minimum of 2 drivers required

## **NEW ENGLAND REGION, SCCA**

## MAKE CHECKS PAYABLE TO:

MAIL:

New England Region, SCCA US Funds only

## Bracket Enduro Sanction #15-CRE-3881-S

Marilyn Freeman 188 Rocky Hill Rd Brewster, MA 02631

Voluntary	
Contribution to	
Total Enclosed	
* See Supplemental	Reas for De

Thompson Speedway Motorsports Park 205 East Thompson Road Thompson, CT 06277 June 6 & 7, 2015 msf.ner@gmail.com 508.561.2188 Please - no phone calls after 8:00 Express Mail will NOT be

accented

Make	Model	d Supplementary Regulations Color	Class	Transpond			mber: choose 3
							1 1
Driver		Team Leader? Te	eam Name				OFFICIAL USE
Email		Y / N	Phone				Group #
Comp License #		Grade	Exp date	ie R	Region		1
Address (Street/Ci	ity/State/Zip)						Car#
Entrant name/add	ress			M	lembership#		1
Sponsor (max. 25	5 char.)						Class
Emergency Conta	act:		Phone	_	At Track? YES / N	10	1
Address			Relation	nship			Fee Prepaid
Crew Members		Release #			Releas	se#	<b></b>
1							Fee Due
2							
3						7	Money Rec'd @ Track
Minor						_	
Participants:						_	
Track and the Supple	emental Regulations pe	der the current Club Racing Experier ertaining to this event. I further confine	firm that the car whi				<u> </u>
as specified in the Go	CR for the class, categorial	gory and race in which it is entered al	bove.				Release #
Signature Drive	ar	Date Si	ignature Entrant	,		Date	<b>11  </b>
	· 						
TIMING AND SO	CORING INFORM	MATION - MUST BE COMP	LETED BY DF	RIVER on lat	e entries only		Group #
Make/Model/Year				Transp	oonder#		1
Color	-	Class		Region	n of Record		Car#
Driver Name		<u> </u>		Membe	ership#		<u> </u>
Address (Street/Ci	itv/State/Zip)						Class