SCHEDULE OF ENTRY FEE Early Entry Fee Regular Entry Fee*:	S \$ \$	125.00 175.00	NEW ENGLAND REGION, SCCA		MAKE CHECKS PAYABLE TO: New England Region, SCCA US Funds only				
			Racing Against Leukemia			MAIL:	Peg Dow	/d	
Open Wheel Driving Experience							~~~~		
Sanction #16-CT-					504-S			ner St,	
Voluntary Contribution to		Thompson Speedway Motorsports Park 205 East Thompson Road					oxboro, MA 02035 gistration@comcast.net		
Workers' Fund Total Enclosed					(508) 543 6620 Please - phone calls 6-8:30PM only				
* See Supplemental Regs	for Details		Thomp	son, CT 0	6277	6-8:30PN	1 Only		
			July 2	2 - 23, 2	2016	Express	s Mail will	I NOT be accepted	
Except as modified by the encl	osed Supple	mentary Regula	tions, this event is held	under the SCC	A Time Trial rules for				
Make	Model		Color	Class	Transponder #		Numbe	r Request: choose	3
								/ /	
Driver				SCCA Me Member #	ember? Yes / No (circle #(if ves):	e one)		OFFICIAL USE ON	IY
Email		Phone				Group #			
Comp License # (if applicable)		Grade	Exp date	Region					
Address (City/State/Zip)								Car # Class	
Emergency Contact: Name	Phone	e At Track? YES / NO							
Address				Relations	Relationship			Fee Paid	
Crew Members: (3 free, addt'l c 1	rew \$10 ea.)		Release #			Relea	ase #	Money Rec'd @ Trac	ж
2									
3 MINOR PARTICIPANTS						_ L_			
I agree to enter this event which is hel Regulations pertaining to this event. I class, category and race in which it is	further confirm t							Release #	
Signature Driver			Date						
								Group #	
	URMATION	- MUST BE C	OMPLETED BY DRIVE	R on late ent		#			
MAKE/MODEL/YEAR					TRANSPONDER	#			
COLOR			CLASS		REGION OF REC	ORD		Car#	
DRIVER NAME			I		MEMBERSHIP #				

Class

ADDRESS (STREET/CITY/STATE/ZIP)