

SCHEDULE OF ENTRY FEES

Entry Fee*: \$ 100.00

NEW ENGLAND REGION, SCCA

MAKE CHECKS PAYABLE TO:
New England Region, SCCA
US Funds only

MAIL: Karen Paul
37 Paul Street
Bristol, CT 06010

Racing Against Leukemia
Open Wheel Driving Experience
Sanction 14-CT-3952-S

cell: 860.967.4449
home: 860.583.8615
Please - no phone calls
after 9:00 pm

Voluntary Contribution to
Workers' Fund _____
Total Enclosed _____

* See Supplemental Regs for Details

August 2, 2015

Express Mail will NOT be
accepted

Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA Time Trial rules for Club Trials.

Make	Model	Color	Class	Transponder #	Number Request: choose 3
					/ /

Driver		SCCA Member? Yes / No (circle one)	
Email		Member #(if yes):	
Comp License # (if applicable)		Grade	Exp date Region
Address (City/State/Zip)			
Emergency Contact: Name			
Address		Phone	At Track? YES / NO
Relationship			
Crew Members: (3 free, addt'l crew \$25 ea.)		Release #	Release #
1			
2			
3			
MINOR PARTICIPANTS			
I agree to enter this event which is held under the current Time Trial Rules for Club Trials of the Sports Car Club of America, as amended by FasTrack and the Supplementary Regulations pertaining to this event. I further confirm that the car which I have entered complies with all requirements as specified in the Time Trial rules for Club Trials for the class, category and race in which it is entered above.			
Signature Driver		Date	

OFFICIAL USE ONLY
Group #
Car #
Class
Fee Paid
Money Rec'd @ Track
Release #

TIMING AND SCORING INFORMATION - MUST BE COMPLETED BY DRIVER on late entry only			Group #
MAKE/MODEL/YEAR		TRANSPONDER #	Car #
COLOR	CLASS	REGION OF RECORD	
DRIVER NAME		MEMBERSHIP #	Class
ADDRESS (STREET/CITY/STATE/ZIP)			