

SCHEDULE OF ENTRY FEES		
Early Entry Fee	\$	295.00
Regular Entry Fee*:	\$	345.00

NEW ENGLAND REGION, SCCA

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

Memorial Day Weekend

MAIL: Marilyn Freeman
 188 Rocky Hill Rd
 Brewster, MA 02631

Club Racing Experience Sanction 16-CRE-4558-S

msf.ner@gmail.com
 508.561.2188
 Please - no phone calls after 9PM

Voluntary Contribution to
 Workers' Fund _____
 Total Enclosed _____

* See Supplemental Regs for Details

New Hampshire Motor Speedway

May 27-29, 2016

Express Mail must be
 "NO Signature Required"

Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA Club Racing Experience rules.

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

Driver		SCCA Member? Yes / No (circle one)		<div>OFFICIAL USE ONLY</div> <div>Group #</div> <div>Car #</div> <div>Class</div> <div>Fee Paid</div> <div>Money Rec'd @ Track</div> <div>Release #</div>	
Email		Member #(if yes):			
Phone					
Comp License # (if applicable)	Grade	Exp date	Region		
Address (City/State/Zip)					
Emergency Contact: Name		Phone	At Track?		
Address		Relationship		YES / NO	
Crew Members: (3 free, addt'l crew \$25 ea.)		Release #		Release #	
1					
2					
3					
<div>MINOR PARTICIPANTS</div> <div>_____</div> <div>_____</div> <div>_____</div>					
I agree to enter this event which is held under the current Club Racing Experience Rules 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 GCR for the class, category and race in which it is entered above.					
Signature Driver _____ Date _____					

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