

SCHEDULE OF ENTRY FEES

Early Entry Fee \$ 299.00
 Regular Entry Fee*: \$ 349.00

NEW ENGLAND REGION, SCCA

MAKE CHECKS PAYABLE TO:
 New England Region, SCCA

US Funds only

**Memorial Day Weekend Competition
 Driver's School**

MAIL: Pat Travers

Sanction #16-DS-4240-S

67 Mapleton St.
 Cranston, RI 02910

Voluntary Contribution to
 Workers' Fund _____
 Total Enclosed _____

New Hampshire Motor Speedway

401.461.9219
 Please - phone calls
 6:00pm - 8:30pm only

* See Supplemental Regs for Details

Express Mail must be
 "NO Signature Required"

May 26-27, 2016

Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA General Competition Rules.

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

Driver		Membership #	
Email		Phone	
Comp License #	Grade	Exp date	Region
Address (City/State/Zip)			
Entrant name/address			Membership #
Sponsor (30 Char. Max.)			

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

Emergency Contact: Name		Phone	At Track? YES / NO
Address		Relationship	

Crew Members: (3 free, addt'l crew \$25 ea.)	Release #	Release #
1 _____	<input type="text"/>	<input type="text"/>
2 _____	<input type="text"/>	<input type="text"/>
3 _____	<input type="text"/>	<input type="text"/>

MINOR PARTICIPANTS _____

I agree to enter this event which is held under the current General Competition 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.

Release #	<input type="text"/>
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Signature Driver _____ Date _____ Signature Entrant _____ Date _____

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