

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 17-CRE-5166-S**

msf.ner@gmail.com

508.561.2188

Please - no phone calls after 9PM

Voluntary Contribution to
 Workers' Fund _____
 Total Enclosed _____

New Hampshire Motor Speedway

May 26-28, 2017

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)	
Email		Member #(if yes):	
Comp License # (if applicable)	Grade	Exp date	Region
Address (City/State/Zip)			

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, add'l crew \$25 ea.)		Release #	Release #
1 _____		_____	_____
2 _____		_____	_____
3 _____		_____	_____

MINOR PARTICIPANTS _____

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.

Release #
<div style="border: 2px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>

Signature Driver _____ 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)				