SCHEDULE OF ENTRY FEES Early Entry Fee Regular Entry Fee*:	\$ \$ \$	295.00 345.00						MAKE CHECKS PAYABLE TO: New England Region, SCCA US Funds only	
Memorial Day Weekend DialedInRacing.com						MAII	MAIL: Peg Dowd 188 Rocky Hill Rd Brewester, MA 02631		
	Club Racing Experience					dowd250	@gamil.com		
Voluntary Contribution to Workers' Fund Total Enclosed Sanction 18							508	peg.dowd25@gamil.com 508.431.5382 Please - phone calls 6-8:30PM only	
* See Supplemental Regs f	or Details		New Ha	mpshire	Moto	r Speedwa	ay		
May 2 Except as modified by the enclosed Supplementary Regulations, this event is held u					5-27, 2018 Inder the SCCA Club Racing Experie			Express Mail must be "NO Signature Required" ence rules.	
	Model		Color		lass	Transponde			ber Request: choose 3
									1 1
Driver Email					SCCA M Member Phone	ember? Yes / l #(if yes):	No (circle one)		OFFICIAL USE ONLY Group #
Comp License # (if applicable)			Grade	e	Exp date	Reg	ion		
Address (City/State/Zip)			·						Car#
Emergency Contact: Name					Phone At Track		At Track?		
Address					Relations	ship	YES /	NO	Fee Paid
Crew Members: (3 free, addt'l ci 1 2 3 MINOR PARTICIPANTS	rew \$25 ea.)		Relea					Release #	Money Rec'd @ Track
I agree to enter this event which is held Regulations pertaining to this event. I fu in which it is entered above.									
Signature Driver				Date					

TIMING AND SCORING INFORMATION	Group #		
MAKE/MODEL/YEAR		TRANSPONDER#	
COLOR	CLASS	REGION OF RECORD	Car#
DRIVER NAME	l	MEMBERSHIP #	Class
ADDRESS (STREET/CITY/STATE/ZIP)			Sides