SCHEDULE OF ENTRY FEES Early Entry Fee Regular Entry Fee*:	NEW ENGLAND REGION, SCCA						MAKE CHECKS PAYABLE TO: New England Region, SCCA US Funds only							
	Cheap Date Weekend					MAIL:	Karen Paul 37 Paul Street							
			DialedInRacing.com							Bristo	ol, CT	06010		
Valuntary Contribution to	Club Racing Experience						kimpa	ul@coi	mcas	st.net				
Voluntary Contribution to Workers' Fund Total Enclosed	Sanction 18-CRE-5853-S						cell: 860.967.4449 home:860.583.8615							
* See Supplemental Regs for Details				New Hampshire Motor Speedway						Please No phone calls after 9pm.				
Everytee modified by the engli	otiono this	August 3-5, 2018 tions, this event is held under the SCCA Club Racing Exper					" <b>NO</b> Si	s Mail r gnature						
Make				lass Transponde			ence rules		ber	Reque	st: cho	ose 3		
											1	/	/	
Driver Email				SCCA Me Member # Phone	ember? Yes #(if yes):	e one)			OFFIC	AL USE	ONLY			
Comp License # (if applicable)	Grade			Exp date Region						лоир #				
		Grade		Exp date		Region								
Address (City/State/Zip)												Car#		
												Class		
Emergency Contact: Name				Phone			At Track? YES / NO							
Address				Relationship					F	ee Paic				
Crew Members: (3 free, addt'l c  1  2  3	rew \$25 ea.)			Release #					Re	lease#		Money	Rec'd @	Track
MINOR PARTICIPANTS														
I agree to enter this event which is held Regulations pertaining to this event. I f in which it is entered above.												Release	e #	
Signature Driver		_		Date			•							
TIMING AND SCORING INFO	ORMATION	- MUST BE C	OMPLET	ED BY DRIVE	R on	late enti		00000	,,		G	Group #		
MAKE/MODEL/YEAR							TRAN	SPONDER	#					

CLASS

REGION OF RECORD

MEMBERSHIP#

Car#

Class

COLOR

DRIVER NAME

ADDRESS (STREET/CITY/STATE/ZIP)