



**CENDIV Drivers School and Double Divisional
CENDIV Championship Series Event
Presented by CENDIV SCCA**

Sanction #'s 24-DS-XXXXX and 24-R-XXXXX
April 19-21, 2024



	STANDARD	SRF/SRF3/FE/FE2
Friday School	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435
Saturday Regional Only	<input type="checkbox"/> \$350	<input type="checkbox"/> \$385
Sunday Regional Only	<input type="checkbox"/> \$350	<input type="checkbox"/> \$385
Two Day Regional	<input type="checkbox"/> \$575	<input type="checkbox"/> \$605

Online registration CLOSSES April 15
Add \$50 late fee if submitted after April 15

Add \$400 for same driver in a second class, both days. Additional compliance fees may apply
Add \$265 for same driver in a second class, single day. Additional compliance fees may apply

Drivers School Registrar

MAIL TO: Kathey Beilmel
2616 Luedke Ct
Sheboygan, WI 53083-4716
920-377-1926

Email: regkatscca@gmail.com

Divisional Race Registrar

Sue Green
19010 Round Grove Rd
Morrison, IL 61270
(815) 718-4881

Email: swgreen321@gmail.com

Registration: msreg.com/CenDivDSDD2024

This event will be held under the current SCCA General Competition Rules and amendments except as modified by the Supplementary Regulations for this racing event. A separate entry form must be filled out for each car, driver and race entered.

PLEASE PRINT CLEARLY IN BLACK INK ONLY!

DRIVER INFO

I hereby agree that the car and driver, as described below, are to appear at this Race Meet to compete under the current General Competition Rules and amendments of the Sports Car Club of America, INC. and the Supplementary Regulations of this event.

I affirm that the car entered complies with all requirements for the class and category in which it is entered and that all the information provided on this entry form is valid on this date.

DRIVER SIGNATURE _____ DATE _____

NAME (PRINT LEGIBLY) _____ Date of birth _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

REGION OF RECORD _____ MEMB # _____ EXP DATE _____

E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE

PHONE HOME () _____ WORK() _____ FAX() _____

ENTRANT Only if different from driver. Must be an SCCA member not a corporation.

Name _____ Signature _____ Memb # _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

CAR INFO

TRANSPONDER # _____ MUST HAVE THIS # (CAN WE READ IT?)

CAR MAKE _____ MODEL _____ COLOR _____ CLASS _____

NUMBER CHOICES _____ FIRST _____ SECOND _____ THIRD (PLEASE GIVE 3 CHOICES)

SPONSOR - 30 SPACES INCLUDING PUNCTUATION

CREW (ONLY THE DRIVER OR ENTRANT MAY CHANGE CREW LIST)

1.FREE _____	4. PAY _____	\$10
2.FREE _____	5. PAY _____	\$10
3.FREE _____	6. PAY _____	\$10

EMERGENCY CONTACT INFO

Primary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

Secondary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

PAYMENT INFO

Race Fee - School	\$ _____	
Race Fee - Regional(s)	+ _____	
Optional Worker Fund Contribution	+ _____	(MAKE CHECK PAYABLE TO
Late Fee	+ _____	CENDIV SCCA, Inc.)
Total	\$ _____	CHECK NO. _____