



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

Sanction #'s 24-DS-61833and 24-R-61822  
**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. _____