

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

SANCTION NUMBER: \_\_\_\_\_

This event will be conducted in the spirit of SCCA's Welcoming Environment shown in the GCR.

I understand that participation as a crew, worker, official, driver or any other capacity in motorsports is dangerous. Known or unknown conditions and situations involving myself or others, including but not limited to vehicle preparation, equipment condition, facility and environment, physical fitness, medical conditions, medications, knowledge, abilities, or skill can cause injury (significant or otherwise) and death. I understand that I cannot participate in the event if I am on medication or have a medical condition that impacts my ability to participate. My decision to enter an event in any capacity, and to continue my participation throughout the event, is voluntary and with the knowledge of the above conditions and potential outcomes.

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 Supplemental 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( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Primary Contact \_\_\_\_\_ At track? Y / N

Phone # \_\_\_\_\_ Alt Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ At track? Y / N

Phone # \_\_\_\_\_ Alt Phone \_\_\_\_\_

**CAR INFO**

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

FLAGTRONICS # \_\_\_\_\_ IF REQUIRED (CAN WE READ IT?)

CAR MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ CLASS \_\_\_\_\_

NUMBER CHOICES \_\_\_\_\_ FIRST \_\_\_\_\_ SECOND \_\_\_\_\_ THIRD (PLEASE GIVE 3 CHOICES)

SPONSOR - 30 SPACES INCLUDING PUNCTUATION  
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**ENTRANT** Only if different from driver. Must be an SCCA member not a corporation.

Name \_\_\_\_\_ Memb # \_\_\_\_\_ Cell \_\_\_\_\_

ADDRESS (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (ST) \_\_\_\_\_ (ZIP) \_\_\_\_\_

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

1.FREE \_\_\_\_\_ 4. PAY \_\_\_\_\_

2.FREE \_\_\_\_\_ 5. PAY \_\_\_\_\_

3.FREE \_\_\_\_\_ 6. PAY \_\_\_\_\_

**PAYMENT INFO**

Race Fee \$ \_\_\_\_\_

Compliance Fee (if applicable) + \_\_\_\_\_

Paid Crew + \_\_\_\_\_

Optional Volunteer Fund Contribution + \_\_\_\_\_

Late Fee + \_\_\_\_\_

Total \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_