



**SCCA CHICAGO REGION**

**Test Day and**

**NATIONAL RACES AT AUTOBAHN COUNTRY CLUB**

**August 15-17, 2008**

SANCTION 08-N-228-S, 08-PD-231-S

NATIONAL RACE FEE

STANDARD

SRF / FE / SM

Mail/Fax  
Online

\$330  
 \$310

\$340  
 \$320

[www.dlbracing.com](http://www.dlbracing.com)

add  \$215 SCCA Sanctioned Test Day Friday, August 15

MAIL TO: JERRY MEYER  
1101 ORIOLE DR  
MUNSTER, IN 46321  
(219) 838-9232 / FAX (219) 838-3293  
E-Mail [JERRYMEYERSCCA@AOL.COM](mailto:JERRYMEYERSCCA@AOL.COM)

Add \$45 late fee if submitted after August 5  
Online registration CLOSES August 12

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 \_\_\_\_\_

Comp. License \_\_\_\_\_ E-Mail \_\_\_\_\_

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 \_\_\_\_\_

YR \_\_\_\_\_ SS, T1, T2 \_\_\_\_\_ 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. FREE \_\_\_\_\_  
2. FREE \_\_\_\_\_ 5. PAY \_\_\_\_\_  
3. FREE \_\_\_\_\_ 6. PAY \_\_\_\_\_

**EMERGENCY CONTACT INFO**

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

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

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

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

**PAYMENT INFO**

OPTIONAL WORKER FUND CONTRIBUTION \_\_\_\$10 \_\_\_\$15 \_\_\_\$20 \_\_\_\$25 \_\_\_ OTHER \$ \_\_\_

Race Fee  Optional Worker Fund Contribution  Late Fee  TOTAL \$

(MAKE CHECK PAYABLE TO CHICAGO REGION SCCA)

CHECK NO. \_\_\_\_\_ Credit Card \_\_\_ Visa \_\_\_ MasterCard PLEASE BE SURE THAT ALL NUMBERS ARE LEGIBLE

CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP DATE \_\_\_/\_\_\_

CARDHOLDER (print) \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DRIVER NAME

RACE GROUP \_\_\_\_\_ CAR # \_\_\_\_\_ CLASS \_\_\_\_\_ REC'D \_\_\_\_\_ ENTRY # \_\_\_\_\_