



SCCA CHICAGO REGION FALL SPRINTS
Regional Road Races at Blackhawk Farms Raceway
October 18-19, 2008 SANCTION 08-RS-345-S

MAIL TO: Sue Green
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REGIONAL RACE FEES

STANDARD SRF / FE / SM / SMT
 Mail/Fax \$295 \$305
 Online \$275 \$285 www.dlbracing.com

Add \$45 late fee if submitted after October 14
 Online registration CLOSES October 14

Add \$100 if running same car/driver in a second class if second class is NOT SM/SMT.
 Add \$110 if running same car/driver in a second class if second class is SM/SMT.

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. PAY _____
 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 # _____