

**SCCA CHICAGO REGION****DOUBLE REGIONAL RACES at ROAD AMERICA**

SEPTEMBER 13-14, 2008

REGIONAL RACE FEE

KETTLE MORaine

SANCTION 08-RS-326-S

SANCTION 08-RS-327-S

MAIL TO: JERRY MEYER

1101 ORIOLE DR

MUNSTER, IN 46321

(219) 838-9232 / FAX (219) 838-3293

E-Mail JERRYMEYERSCCA@AOL.COM

Add \$45 late fee if submitted after September 2
SRF / FE / SM / SMT add \$10 per race \$250 ONE REGIONAL \$350 TWO REGIONALS SAT SUN

PLEASE SEE THE CHART IN THE SUPP REGS

FOR OTHER COMBINATIONS. PUT THE LETTER CHOICE HERE _____ \$ _____

Add \$20 for all mail and fax entries. Online registration closes September 8, 2008 at 11:59PM.

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 # _____