



**SCCA Central Division
DOUBLE DRIVERS SCHOOL at Blackhawk Farms**

April 25-26, 2008

DRIVER'S SCHOOL FEE

- \$275 Friday Only SANCTION 08-DS-13-S
- \$275 Saturday Only SANCTION 08-DS-14-S
- \$550 Both Days

MAIL TO: SUE GREEN
19010 Round Grove Road
Morrison, IL 61270
phone: (815) 772-4881 (call first for fax)
E-MAIL swgreen@hughes.net

ADD \$40 IF RECEIVED AFTER APRIL 21
ADD \$20 IF ENTRY VIA MAIL/FAX

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) _____ LICENSE NOV ___ REG ___ NAT ___ OTHER ___

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 # _____

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 \$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

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

Race Fee Optional Worker Fund Contribution Late Fee TOTAL \$

(MAKE CHECK PAYABLE TO *GenDiv SCCA, Inc.*)

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 # _____