



SCCA Central Division
SINGLE REGIONAL at Blackhawk Farms

April 27, 2008

REGIONAL ENTRY FEE SANCTION 08-RS-42-S

\$225 Regional Entry Fee

Add \$100 2nd race group (same car/driver)

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
 SRF / FE / SM / SMT add \$10 per day

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 # _____
 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 \$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 **CenDiv 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 # _____