

SCHEDULE OF ENTRY FEES

Early Entry Fee*: \$ 295.00
 Regular Entry Fee*: \$ 350.00

Double Dipper 2 Day* Early \$ 150.00
 Double Dipper 2 Day* Regular \$ 200.00

FE / FE2 / SRF3 Compliance Fee - per weekend \$ 20.00

Workers' Fund _____

Total Enclosed _____

NEW ENGLAND REGION, SCCA

MAKE CHECKS PAYABLE TO:

New England Region, SCCA
 US Funds only

**Cheap Date Regional Weekend @ NHMS
 Triple NERRC Championship Races
 presented by
 Thompson Speedway Motorsports Park
 Sanction #18-R-5493-S**

MAIL: Karen Paul
 37 Paul Street
 Bristol, CT 06010

kjmpaul@comcast.net

cell: 860.967.4449

home:860.583.8615

Please - No phone calls
 after 9pm

Express Mail must be
 "NO Signature Required"

At New Hampshire Motor Speedway

112 Route 6, Loudon, NH

Aug 3-5, 2018

* See Supplemental Regs for Details

Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA General Competition Rules.

Make	Model	Color	Class	Transponder #	Number Request: choose 3
					/ /

Driver		Membership #	
Email		Phone	
Comp License #	Grade	Exp date	Region
Address (City/State/Zip)			
Entrant name/address			Membership #
Sponsor (30 Char. Max.)			

OFFICIAL USE ONLY

Group # _____

Car # _____

Class _____

Fee Paid _____

Money Rec'd @ Track _____

Emergency Contact: Name		Phone	At Track? YES / NO
Address		Relationship	

Crew Members: (3 free, addtl crew \$25 ea.)	Release #	Release #
1 _____	<input type="text"/>	<input type="text"/>
2 _____	<input type="text"/>	<input type="text"/>
3 _____	<input type="text"/>	<input type="text"/>

MINOR PARTICIPANTS

I agree to enter this event which is held under the current General Competition Rules of the Sports Car Club of America, as amended by FasTrack and the Supplementary Regulations pertaining to this event. I further confirm that the car which I have entered complies with all requirements as specified in the GCR for the class, category and race in which it is entered above.

Release #

Signature Driver _____ Date _____ Signature Entrant _____ Date _____

TIMING AND SCORING INFORMATION - MUST BE COMPLETED BY DRIVER on late entry only

MAKE/MODEL/YEAR		TRANSPONDER #
COLOR	CLASS	REGION OF RECORD
DRIVER NAME		MEMBERSHIP #
ADDRESS (STREET/CITY/STATE/ZIP)		

Group # _____

Car # _____

Class _____