

SCHEDULE OF ENTRY FEES

Early Entry Fee	\$	295.00
Regular Entry Fee*:	\$	345.00

NEW ENGLAND REGION, SCCA**MAKE CHECKS PAYABLE TO:**

New England Region, SCCA
US Funds only

SCDA1.com Club Racing Experience
(CRE)

Bob Introne Memorial Weekend
Sanction 22-CRE-57340

MAIL: Linda Capullo
20 Cottonwood Rd
Norwich, CT 06360

lincap07@gmail.com

860.887.0222

Please - no phone calls after 8:00PM

Voluntary Contribution to
Workers' Fund _____
Total Enclosed _____

* See Supplemental Regs for Details

New Hampshire Motor Speedway**May 13-15, 2022**

Express Mail must be
"NO Signature Required"

Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA Club Racing Experience rules.

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

Driver		SCCA Member? Yes / No (circle one)	
Email		SCCA Member #(if yes):	
Comp License # (if applicable)	Grade	Exp date	Region
Address (City/State/Zip)			

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

Crew Members: (3 free, add'l crew \$25 ea.)		Release #	Release #
1	_____	<div></div>	_____
2	_____	<div></div>	_____
3	_____	<div></div>	_____

MINOR PARTICIPANTS

I agree to enter this event which is held under the current Club Racing Experience 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.

Signature Driver _____

Date _____

OFFICIAL USE ONLY

Group # _____

Car # _____

Class _____

Fee Paid _____

Money Rec'd @ Track _____

Release #

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

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

Group # _____

Car # _____

Class _____