SCHEDULE OF ENTRY FEES

Voluntary Contribution to

Workers' Fund

Early Entry Fee 350.00 Regular Entry Fee*: \$ 400.00

NEW ENGLAND REGION, SCCA

MAKE CHECKS PAYABLE TO:

New England Region, SCCA

US Funds only

NER RAL Homecoming Weekend Club Racing Experience Sanction # 23-CRE-59623

New Hampshire Motor Speedway

MAIL: Linda Capullo 20 Cottonwood Rd Norwich, CT 06360

lincap07@gmail.com

860.887.0222

Please - no phone calls

after 8:00PM

112 Route 106 Loudon, NH 03303 **Total Enclosed** * See Supplemental Regs for Details

> Express Mail must be July 28-30, 2023 "NO Signature Required"

Make	Model	Regulations, this event is held u	Class	Transponder #	Number Request: choos
			7		/ /
					, ,
Driver				Member? Yes / No (circle one)	
,	SCCA Member #(if yes):				OFFICIAL USE OF
Email			Phone		Group #
Comp License # (if applicable)		Grade	Exp dat	te Region	
Address (City/State/Zi	p)				Car #
					Class
			1=.	T. =	
Emergency Contact:	Name		Phone	At Track? YES /	NO I
Address			Relation		Fee Paid
Crew Members: (3 fro	ee, addt'l crew \$25 ea.)	Release #			Release #
1					Money Rec'd @ Tra
				_	
2					├ ─┤
3					
MINOR					
PARTICIPANTS					
agree to enter this even	t which is held under the current Clu	b Racing Experience Rules of the Spor	ts Car Club of Am	nerica, as amended by FasTrack and t	the Release #
Supplementary Regulation category and race in which		confirm that the car which I have entered	ed complies with a	all requirements as specified in the GC	CR for the class,
ategory and race in which	citit is entered above.				
Signature Driver		Date		=	
Signature Driver		Date			
					-
TIMING AND SCO	RING INFORMATION - MU	ST BE COMPLETED BY DRIV	/ER		Group #
MAKE/MODEL/YEAR				TRANSPONDER #	
COLOR		CLASS		REGION OF RECORD	Car #
DDIVED NAME				0004 NEVEEDOUS **	
DRIVER NAME				SCCA MEMBERSHIP #	Class
ADDRESS (STREET/	(CITY/STATE/ZIP)				Olass
	, ,				