

<b>SCHEDULE OF ENTRY FEES</b>		
Early Entry Fee	\$	175.00
Regular Entry Fee*:	\$	225.00

# NEW ENGLAND REGION, SCCA

**MAKE CHECKS PAYABLE TO:**  
 New England Region, SCCA  
 US Funds only

## NER RAL Homecoming Weekend Open Wheel Driving Experience Sanction #23-TTTA-60500

**MAIL:** Linda Capullo  
 20 Cottonwood Rd  
 Norwich CT 06360

[lincap07@gmail.com](mailto:lincap07@gmail.com);  
 860.887.0222  
 Please - no phone  
 calls after 8PM

Voluntary Contribution to  
 Workers' Fund \_\_\_\_\_  
 Total Enclosed \_\_\_\_\_

### New Hampshire Motor Speedway

112 Route 106  
 Loudon, NH 03303

July 28-29, 2023

\* See Supplemental Regs for Details

Express Mail must be  
 "NO Signature Required"

Except as modified by the enclosed Supplemental Regulations, this event is held under the SCCA Time Trial rules.

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

Driver		SCCA Member? Yes / No (circle one)	
Email		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, addt'l crew \$25 ea.)		Release #	Release #
1 _____			
2 _____			
3 _____			
MINOR PARTICIPANTS _____			
I agree to enter this event which is held under the current Time Trial Rules for Club Trials 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 Time Trial rules for Club Trials 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			Group #
MAKE/MODEL/YEAR		TRANSPONDER #	Car #
COLOR	CLASS	REGION OF RECORD	
DRIVER NAME		SCCA MEMBERSHIP #	
ADDRESS (STREET/CITY/STATE/ZIP)			Class