| SCHEDULE OF ENTRY FEE Early Entry Fee Regular Entry Fee*: | S \$ \$ | 250.00 300.00 | NEW ENG | LAND | REG | ION, SC | CA | | land Reg | S PAYABLE TO: Jion, SCCA |
|---|-----------------------|------------------|--|-----------------------------|--------------|------------|---------|---|----------|-----------------------------|
| | | | SCDA1.com | (Cl Iomec | RE) oming | g Weeke | | MAIL: Peg Dowd 20 Cottonwood Rd Norwich, CT 06360 | | |
| | | | Sanct | ion 24 | -CRE-0 | 52110 | | omoile | nog d | oud25@amoil.com |
| Voluntary Contribution to | | | | | | _ | _ | email: | peg.a | owd25@gmail.com |
| Workers' Fund | | | New Ham | npshir | e Mot | or Speed | dway | 508.431 | .5382 | |
| Total Enclosed | | | 112 Route 106 Loudon, NH 03303 Please - Phone Noon - 8:30pm | | | | | | | |
| * See Supplemental Regs | for Details | | | | | | | Noon - a | 5:30pm | oniy |
| | | | Jul | y 26- | 28, 2 | 024 | | Express " NO Sig | | ust be Required" |
| Except as modified by the enclo Make | osed Supplem Model | entary Regula | ations, this event is he Color | eld under | | Club Racin | | nce rules. | Num | er Request: choose 3 |
| marc | Model | | | | 33 | Transpon | | | Num | / / |
| | | | | | | | | | | / / |
| Driver | | | | SCCA Member? Yes / No (circ | | | | e one) | | OFFICIAL USE ONLY |
| Email | | | | Member #(if yes): Phone | | | | | | Group # |
| | | | | | _ | | | | | |
| Comp License # (if applicable) | | | Grade | | Exp date | R | egion | | | |
| Address (City/State/Zip) | | | | | | | | | | Car # Class |
| Emergency Contact: Name | | | | Phone At Tra | | At Trac | | | | |
| Address | | | | | Relations | ship | 1 | ES / NO | | Fee Paid |
| | | | | | | | | | | |
| Crew Members: (3 free, addt'l c 1 2 3 | rew \$10 ea.) | | Release # | | | | | | ease # | Money Rec'd @ Track |
| MINOR PARTICIPANTS | | | | | | | | | | |
| I agree to enter this event which is hel Regulations pertaining to this event. I race in which it is entered above. | | | | | | | | | | Release # |
| Signature Driver | | | Date | 9 | | | | | | |
| | | | | | | | | | | |
| TIMING AND SCORING INF | ORMATION | - MUST BE (| COMPLETED BY DR | RIVER o | n late er | ntry only | | | | Group # |
| MAKE/MODEL/YEAR | | | | | | TRANS | SPONDER | # | | |

| COLOR | CLASS | REGION OF RECORD | Car # |
|---------------------------------|-------|------------------|-------|
| | | | |
| DRIVER NAME | | MEMBERSHIP # | |
| | | | Class |
| ADDRESS (STREET/CITY/STATE/ZIP) | | | 1 |
| | | | |