

SCHEDULE OF ENTRY FEES

Early Entry Fee \$ 250.00
 Regular Entry Fee*: \$ 300.00

NEW ENGLAND REGION, SCCA

MAKE CHECKS PAYABLE TO:

New England Region, SCCA
 US Funds only

**SCDA1.com Club Racing Experience
 (CRE)**

MAIL: Linda Capullo
 20 Cottonwood Rd
 Norwich, CT 06360

**Midnight Madness
 Sanction 24-CRE-62109**

email: lincap07@gmail.com

Voluntary Contribution to
 Workers' Fund _____
 Total Enclosed _____

**Thompson Speedway Motorsports Park
 205 East Thompson Road
 Thompson, CT 06277**

860.887.0222
 Please - no phone calls
 after 8:00PM

* See Supplemental Regs for Details

July 5-7, 2024

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		Member #(if yes):	
Comp License # (if applicable)		Grade	Exp date
Address (City/State/Zip)		Region	

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, add'l crew \$10 ea.)		Release #	Release #
1	_____	<input type="checkbox"/>	_____
2	_____	<input type="checkbox"/>	_____
3	_____	<input type="checkbox"/>	_____

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 #
<input type="checkbox"/>

Signature Driver _____ 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