

**SCHEDULE OF ENTRY FEES**

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 #24-TERG-63311**

**MAIL:** Peg Dowd  
 20 Cottonwood Rd  
 Norwich CT 06360

[peg.dowd25@gmail.com](mailto:peg.dowd25@gmail.com):

508.431.5382  
 Please - Phone calls from  
 Noon - 8:30pm only

Express Mail must be  
 "NO Signature Required"

**New Hampshire Motor Speedway**

**112 Route 106  
 Loudon, NH 03303**

**July 26-28, 2024**

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

\* See Supplemental Regs for Details

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
Address (City/State/Zip)		Region	

OFFICIAL USE ONLY
Group #
Car #
Class
Fee Paid
Money Rec'd @ Track

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

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

**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.

Release #
<input type="checkbox"/>

Signature Driver \_\_\_\_\_ Date \_\_\_\_\_

**TIMING AND SCORING INFORMATION - MUST BE COMPLETED BY DRIVER**

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

Group #
Car #
Class