## **SCHEDULE OF ENTRY FEES**

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

## **NEW ENGLAND REGION, SCCA**

MAKE CHECKS PAYABLE TO: New England Region, SCCA

US Funds only

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

**NER Neil MacArthur Memorial Opening Weekend** Sanction# 25-CRE-64244

MAIL: Peg Dowd

> 20 Cottonwood Rd Norwich, CT 06360

email: peg.dowd25@gmail.com

Voluntary Contribution to Workers' Fund **Total Enclosed** 

**New Hampshire Motor Speedway** 112 Route 106 Loudon, NH 03303

508.431.5382

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

\* See Supplemental Regs for Details

May 23-25, 2025

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	Cla	ass Transp		onder #	Numb	Number Request: choose 3		
								/	/	
Driver Email					SCCA Member? Yes / No (circle one) Member #(if yes): Phone				CIAL USE ONLY	
						<u>-</u>		Group a	,	
Comp License # (if	fapplicable)	Grad	le	Exp date		Region				
Address (City/State	/Zip)							Car#		
								Class		
Emergency Contac	ct: Name			Phone		At Track?	,			
Address				Relations	hip	•		Fee Pa	id	
	free, addt'l crew \$10 ea.)		ase #	•		Ri	elease #	Mone	ey Rec'd @ Track	
3_										
MINOR PARTICIPANTS										
	rent which is held under the current Genera g to this event. I further confirm that the car gred above.							Relea	se #	
Signature Driver			Date							
								Group #		
	CORING INFORMATION - MUST	BE COMPLETED B	Y DRIVER	on late en				Group #		
MAKE/MODEL/YEA	AR				IRA	NSPONDER #				
COLOR		CLASS			REG	SION OF RECORD		Car #		
DRIVER NAME					MEN	MBERSHIP#		Class		
ADDRESS (STREE	T/CITY/STATE/ZIP)							Ciass		
					-					