SCHEDULE OF ENTRY FEES

NEW ENGLAND REGION, SCCA

Early Entry Fee*:	\$ 450.00
Regular Entry Fee*:	\$ 500.00
One Day Entry Early	\$ 345.00
One Day Entry Regular	\$ 395.00
Double Dipper 2 Day* Early	\$ 225.00
Double Dipper 2 Day* Regular	\$ 275.00
Double Dipper 1 Day Early	\$ 175.00
Double Dinner 1 Day Regular	\$ 225 00

30.00

FE, FE2, SRF3 & SRF Compliance Fee - per weekend Voluntary Contribution to

Workers' Fund **Total Enclosed**

* See Supplemental Regs for Details

Ed Capullo Memorial

NERRC Championship Weekend-NERRC #7

Northeast Division Road Racing Championship Races, NERRC Championship Races presented by

Thompson Speedway Motorsports Park, & HRG Regional Races

Sanction #25-R-64026, 24-VINT-65743

Thompson Speedway Motorsports Park 205 East Thompson Road Thompson, CT 06277 Oct 16 - 18, 2025

MAKE CHECKS PAYABLE TO:

New England Region, SCCA US Funds only

MAIL: Linda Capullo 20 Cottonwood Rd Norwich, CT 06360

email: lincap07@gmail.com

860.887.0222

Please - no phone calls

after 8PM

Express Mail must be "NO Signature Required"

Except as modified by the			tions, this eve							
Make	Model	Color		Class	Transpo	onder#	Numb	Number Request: choose 3		
								1	1	
Driver				SCCA M	embership)#		OFF	CIAL USE ONL	
Email				Phone				Group		
Comp License #			Grade	Exp date	.	Region				
Address (City/State/Zip)								Car#		
Entrant name/address						SCCA Membership #				
Sponsor (30 Char. Max.)								Class		
Emergency Contact: Name				Phone		At Track?				
Address				Relations	ship	YES / NO	,	Fee Pa	aid	
Crew Members: (3 free, addt'	Lorow \$10 oo \		Release #			D _c	elease#			
Crew Members. (3 free, addr	i crew \$10 ea.)		Release #			I Ne	elease #	Mon	ey Rec'd @ Track	
1			<u> </u>							
2										
_										
MINOR PARTICIPANTS										
I agree to enter this event w amended by Fastrack and the entered complies with all red	he Supplementary	Regulations per	taining to this	event. I furth	er confirm	n that the car which I h	nave	Relea	ase#	
Signature Driver		Dat	e Sign	ature Entran	t	Da	ate			
TIMING AND SCORING IN	FORMATION - MU	JST BE COMPL	ETED BY DR	VER on late	e entry o	nly		Group 7	‡	
MAKE/MODEL/YEAR					TRA	ANSPONDER#				
COLOR		CLA	SS		REC	GION OF RECORD		Car#		
DRIVER NAME					SCO	CA MEMBERSHIP #				
ADDRESS (STREET/CITY/ST	ATF/ZIP)							Class		