

Spring Sprints PDX

Detroit/South Bend/Western Ohio Regions, SCCA

Event Date:
May 17, 2015

OFFICIAL ENTRY FORM

GingerMan Raceway

South Haven, Michigan

Make Check/Money Order Payable to:
SOUTH BEND REGION, SCCA

Mail to:

- PDX Entry Fee \$125.00 postmarked before 5/8/15, \$150.00 after 5/8/15
- Weekend Membership Fee \$15.00 (if not an SCCA member)
- Worker fund donation: Amount \$ _____

BECKY SUHR, REGISTRAR
450 Sycamore Springs Dr.
Springboro, OH 45066-8949
(937) 550-3287 (before 10:00 PM EDT...please)

Make	Model	Color	Year	Class <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Official Use Only
Car # Request 1 st _____ 2 nd _____ 3 rd _____					
Driver Name			SCCA Member #		Car No.
Address			Phone		
City		State	Zip:		
Email address					Class
Competition (or Drivers) License No.		License Grade (or State)	Region of Record		
In Emergency Notify			Phone		Postmark
Address			At Track ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Entrant's Name (if not driver)					
Sponsor's Name					Fee Rec.
Crew:	1. FREE _____	4. \$10.00 _____			
	2. FREE _____	5. \$10.00 _____			
	3. FREE _____	6. \$10.00 _____			
Driver's Experience (specify number in last 5 years): _____ PDX _____ Autocross (years) _____ Other Time Trials _____ Other Sanctioning Body Track Events _____ Performance Driver Schools/Driver Education					Ck # or Cash
I hereby agree that the car and driver, as described above, will appear at this event to participate under the current Time Trial Rules & Amendments of the Sports Car Club of America, Inc. & Supplementary Regulations of this event. The car entered complies with all requirements for the class and category in which it is entered and that all of the information provided is valid and accurate.					

Entrant/Owner _____ <small>(If other than Driver)</small>	Driver: _____
(Signature)	(Signature)
Entrant's Member # & Address	

In Emergency Notify	Phone
Address	At Track ? <input type="checkbox"/> Yes <input type="checkbox"/> No