



Milwaukee Region, SCCA, Inc.
National Race May 19 & 20, 2007
 Blackhawk Farms Raceway, Rockton, IL
 Sanction No. 07-N-22-P

MAIL TO: CHRIS CWIKLINSKI - Registrar
 2327 N 55th St
 Milwaukee WI 53210-2742
 Phone (414) 449-3862
 E-MAIL ccwikl@sbcglobal.net

Race Fee \$250 **Compliance** +\$10 **Late Fee** +\$45
National

ADD \$45 IF POSTMARKED AFTER MAY 12
 SRF / FSCCA / SCCASR add \$10 PER ENTRY
PLEASE PRINT CLEARLY IN BLACK INK ONLY!

This event will be held under the current SCCA General Competition Rules and amendments except as modified by the Supplementary Regulations for this racing event.
 A separate entry form must be filled out for each car, driver and race entered.

PAYMENT INFO

Race Fee Compliance Fee Late Fee Worker Fund TOTAL \$
 (Optional)

(MAKE CHECK PAYABLE TO *Milwaukee Region, SCCA*)
 CHECK NO. _____ Credit Card Visa MasterCard
 CARD NUMBER _____ / _____ / _____ / _____ C.V.V. _____ EXP DATE ____/____/____
 CARDHOLDER (print) _____ CARDHOLDER SIGNATURE _____

CAR INFO

TRANSPONDER # _____ (MUST HAVE THIS #)
 CLASS _____ CAR MAKE _____ MODEL _____ COLOR _____
 YR _____ (for SS, ST, T1, T2, T3) NUMBER CHOICES _____ FIRST _____ SECOND _____ THIRD

DRIVER INFO

DRIVER SIGNATURE _____ DATE _____
 I hereby agree that the car and driver, as described below, are to appear at this Race Meet to compete under the current General Competition Rules and amendments of the Sports Car Club of America, INC. and the Supplementary Regulations of this event. I affirm that the car entered complies with all requirements for the class and category in which it is entered and that all the information provided on this entry form is valid on this date.
 NAME (PRINT LEGIBLY) _____ LICENSE: NOVICE REGL NATL OTHER
 ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____
 REGION OF RECORD _____ MEMB # _____ EXP DATE _____
 E-MAIL _____ D.O.B. _____
 PHONE HOME () _____ WORK () _____ FAX () _____

ENTRANT

Only if different from driver. Must be an SCCA member not a corporation.

Name _____ Signature _____ Memb # _____

CREW

(ONLY THE DRIVER OR ENTRANT MAY CHANGE CREW LIST)

1. FREE _____ 4. PAY _____
 2. FREE _____ 5. PAY _____
 3. FREE _____ 6. PAY _____

MEDICAL INFO

DRIVER'S NAME _____
 IN CASE OF EMERGENCY NOTIFY: _____ PH () _____
 ADDRESS _____ AT TRACK? Y / N
 CURRENT MEDICATIONS _____
 LAST TETANUS DATE _____ D.O.B. _____ DRUG ALLERGIES _____
 BLOOD TYPE _____ SPECIAL CONDITIONS _____
 ILLNESSES/INJURIES LAST 12 MOS. _____
 PERSONAL PHYSICIAN _____ PH () _____
 ADDRESS STREET _____ CITY _____ ST _____ ZIP _____
 ATTACH ADDITIONAL PAGES AS REQUIRED

- CHECK ALL APPLICABLE
- CONTACTS
 - GLASSES
 - DENTURES
 - ASTHMATIC
 - DIABETIC
 - EPILEPTIC
 - HEMOPHILIAC
 - ORGAN DONOR

CAR INFO

TRANSPONDER # _____ (MUST HAVE THIS #)
 CLASS _____ CAR MAKE _____ MODEL _____ COLOR _____
 YR _____ (for SS, ST, T1, T2, T3)
 NAME (PRINT LEGIBLY) _____ MEMB # _____
 (CITY) _____ (ST) _____ (ZIP) _____ REGION OF RECORD _____
 SPONSOR - 30 SPACES INCLUDING PUNCTUATION

Official Use Only

Race No. _____

Car No. _____

Class Category _____

Postmark _____

Fee Rec'd \$ _____

Charge: MC Visa _____

Check # _____

Cash _____

Date Received _____

Official Use Only

Race No. _____

Car No. _____

Class Category _____

Official Use Only

Race No. _____

Car No. _____

Class Category _____