



Milwaukee Region, SCCA, Inc.
Regional Races May 31 & June 1, 2008
 Road America, Elkhart Lake, WI
 Sanction No. 08-RS-78-S and 08-RS-79-S

Saturday
 Sunday

ONLINE REGISTRATION AT WWW.DLBRACING.COM
 Mailed Entries to: KAY IMIG - Registrar
 10933 N Pebble Ln
 Mequon, WI 53092-5830
 Phone (262)-241-8371
 E-MAIL milwaukeeeccaregistrar@gmail.com
 ADD \$45 IF POSTMARKED AFTER MAY 24
 SRF / FE / SM / SMT add \$10 PER ENTRY
 PLEASE PRINT CLEARLY IN BLACK INK ONLY!

Race Fee **Compliance** **Addl Class** **Late Fee**
 One Day \$220 +\$10 Number x\$110 +\$45
 Both Days \$330 +\$20 Number x\$220 +\$45
 A separate entry form must be filled out for each car, driver and race entered.

ON-LINE REGISTRATION IS AVAILABLE AT WWW.DLBRACING.COM -- THIS IS THE PREFERRED METHOD OF REGISTRATION

This event will be held under the current SCCA General Competition Rules and current Fastrack updates, except as amended by these Supplemental Regulations

PAYMENT INFO

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

(MAKE CHECK PAYABLE TO Milwaukee Region, SCCA / NOTE: Checks will not be accepted for online registration)

CHECK NO. _____ Credit Card Visa MasterCard
 CARD NUMBER _____ / _____ / _____ / _____ C.V.V. _____ EXP DATE ____/____/____
 CARDHOLDER (print) _____ CARDHOLDER SIGNATURE _____

CAR NUMBER INFO

CLASS _____ 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 to compete under the current General Competition Rules and current Fastrack updates, except as amended by these Supplemental Regulations. 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 () _____ CELL () _____

ENTRANT

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

Name _____ Signature _____ Memb # _____
 ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____
 PHONE HOME () _____ WORK () _____ CELL () _____

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 _____ D.O.B. _____
 PRIMARY I.C.E. (IN CASE OF EMERGENCY): _____ PH () _____
 At Track? Yes / No / Maybe Phone Type: Home / Cell / Work / Other (define) _____
 SECONDARY I.C.E. (IN CASE OF EMERGENCY): _____ PH () _____
 At Track? Yes / No / Maybe Phone Type: Home / Cell / Work / Other (define) _____
 OPTIONAL - Special Conditions (attach additional pages if needed): _____

CAR INFO

TRANSPONDER # _____ (MUST HAVE THIS #)
 CLASS _____ CAR MAKE _____ MODEL _____ COLOR _____
 YR _____ (for SS, ST, T1, T2, T3)
 NAME (PRINT LEGIBLY) _____ MEMB # _____
 (CITY) _____ (ST) _____ REGION OF RECORD _____
 SPONSOR - 30 SPACES INCLUDING PUNCTUATION (NO COMMAS)

Official Use Only

Race No. _____
 Car No. _____
 Class _____
 Postmark _____
 Fee Rec'd \$ _____
 Charge: MC Visa
 Check # _____
 Cash _____
 Date Received _____

Official Use Only

Race No. _____
 Car No. _____
 Class _____
 Sat Sun

Official Use Only

Race No. _____
 Car No. _____
 Class _____
 Sat Sun