



Milwaukee Region, SCCA, Inc.
National and Test Day July 25, 26, & 27, 2008
 Road America, Elkhart Lake, WI
 Sanction No. 08-N-183-S and 08-PD-184-S

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 JULY 19
 SRF / FE / SM add \$10 PER ENTRY
 PLEASE PRINT CLEARLY IN BLACK INK ONLY!

	Race Fee	Compliance	Addl Class	Late Fee
National Only	<input type="checkbox"/> \$310	<input type="checkbox"/> +\$10	Number <input type="checkbox"/> x\$110	<input type="checkbox"/> +\$45
Test Day Only	<input type="checkbox"/> \$250		Number <input type="checkbox"/> x\$110	<input type="checkbox"/> +\$45
National & Test Day	<input type="checkbox"/> \$560	<input type="checkbox"/> +\$10	Number <input type="checkbox"/> x\$110	<input type="checkbox"/> +\$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 \$
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(MAKE CHECK PAYABLE TO Milwaukee Region, SCCA / NOTE: Checks will not be accepted for online registration)

CHECK NO. _____ Credit Card ___ Visa ___ MasterCard
 CARD NUMBER _____ / _____ / _____ / _____ EXP DATE ___/___
 CARDHOLDER (print) _____ CARDHOLDER SIGNATURE _____
 ADDRESS if Different than Driver Info (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

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 the 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 _____
 Test Race _____

Official Use Only

Race No. _____
 Car No. _____
 Class _____
 Test Race _____