



Milwaukee Region, SCCA, Inc.
National Race May 17 & 18, 2008
 Blackhawk Farms Raceway, Rockton, IL
 Sanction No. 08-N-35-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 milwaukeeccaregistrar@gmail.com
 ADD \$45 IF POSTMARKED AFTER MAY 10
 SRF / FE / SM add \$10 PER ENTRY
 PLEASE PRINT CLEARLY IN BLACK INK ONLY!

National Race Fee Compliance Addl Class Late Fee
 \$250 +\$10 Number x\$110 +\$45
 A separate entry 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 \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(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 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 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) _____ (ZIP) _____ REGION OF RECORD _____
 SPONSOR - 30 SPACES INCLUDING PUNCTUATION (NO COMMAS)

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	_____
Race No.	_____
Car No.	_____
Class Category	_____