



**Official Entry Form Alabama/Tennessee Valley Regions of the SCCA**  
**Double SECS, Double SARRC, and Time Trials Championship Event**  
**Barber Motorsports Park – August 25-26, 2017**  
Held under the SCCA GCR, SCCA TTR, SARRC & TT Rules  
**Sanction # 18-R-5856-S, 18-TTCT-5851-S**

**Entry:**

- ☐ Double SARRC \$450 (+\$20 for FE, SRF)  
NOTE: Same car/driver, 2 classes SARRC - \$650  
☐ Single SARRC    ☐ Saturday    ☐ Sunday    \$350 (+\$10 for FE, SRF)  
☐ I ELECT TO WAIVE SARRC POINTS  
☐ SEDIV Time Trials Championship (2 Day) \$325  
☐ SEDIV Time Trials Championship (1 Day) \$220  
☐ I ELECT TO WAIVE SEDIV TIME TRIALS POINTS  
MAKE ALL CHECKS PAYABLE TO: TVR SCCA & Turn in to Registration  
WORKER DONATION \$ \_\_\_\_\_ (include with entry check)



AMB Transponder Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

Number Desired: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ Is 1st Choice a SEDiv Time Trials or RR Reserved Number? ☐ Yes ☐ No

Sponsor Info: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ SCCA Member Number: \_\_\_\_\_

Entrant Name: \_\_\_\_\_ SCCA Member Number: \_\_\_\_\_

Address: \_\_\_\_\_ Day & Night Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Comp. Lic. No. \_\_\_\_\_ Grade: \_\_\_\_\_ Region of Record: \_\_\_\_\_ Email: \_\_\_\_\_

Crew 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

I agree to enter under the General Competition Rules of the Sports Car Club of America, Inc., Time Trials Rules and the Supplementary Regulations pertaining to this event. I further affirm that the car I have entered complies with all GCR and/or TTR requirements as applicable for the class, category and race in which it is entered above.

Entrant Owner Signature: \_\_\_\_\_ Driver Signature: \_\_\_\_\_

**Driver Emergency Contact Information (Must be completed by Driver. PLEASE PRINT)**

Driver Name: \_\_\_\_\_ Age: \_\_\_\_\_ SCCA Member Number: \_\_\_\_\_

**OFFICIAL USE ONLY**

Group No. \_\_\_\_\_ Car No. \_\_\_\_\_ Class \_\_\_\_\_ Postmark \_\_\_\_\_ Amount Paid \_\_\_\_\_

Cash/Check No. \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Comp. Lic. Exp. Date: \_\_\_\_\_ SCCA No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ At Track? ☐ Yes ☐ No