



SCCA REGION Fall "SPOOKY" Sprints
Double Divisional and Enduro Races at Blackhawk Farms
October 15-16, 2016

Sanctions 16-RQ-4030-S, 16-RQ-4031-S, and 16-BE-4661-S

	STANDARD	SRF / SRF3 / FE	ENDURO
Both Days	<input type="checkbox"/> \$465	<input type="checkbox"/> \$485	
Saturday only	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360	
Sunday only	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360	<input type="checkbox"/> \$395
<input type="checkbox"/> Add \$250 2nd class same car/driver both days			
<input type="checkbox"/> Add \$125 2nd class same car/driver single day (Saturday or Sunday)			

MAIL TO: Tracey Gauper
848 E Shore Dr.
Hubertus WI 53033-9535
(262) 628-4157
No calls after 9:00 PM
E-Mail: MilwSCCAReg@hotmail.com
Add \$50 late fee if submitted after October 11
Online registration CLOSES October 12
Registration www.msreg.com/fallsprinst2016

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.
PLEASE PRINT CLEARLY IN BLACK INK ONLY!

DRIVER INFO 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.

DRIVER SIGNATURE _____ **DATE** _____

NAME (PRINT LEGIBLY) _____ **Date of birth** _____

ADDRESS (STREET) _____ **(CITY)** _____ **(ST)** _____ **(ZIP)** _____

REGION OF RECORD _____ **MEMB #** _____ **EXP DATE** _____

E-MAIL _____ **WE WILL USE E-MAIL WHENEVER POSSIBLE**

PHONE **HOME ()** _____ **WORK()** _____ **FAX()** _____

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

Name _____ **Signature** _____ **Memb #** _____

ADDRESS (STREET) _____ **(CITY)** _____ **(ST)** _____ **(ZIP)** _____

CAR INFO

TRANSPONDER # _____ **MUST HAVE THIS # (CAN WE READ IT?)** _____

CAR MAKE _____ **MODEL** _____ **COLOR** _____ **CLASS** _____

NUMBER CHOICES _____ **FIRST** _____ **SECOND** _____ **THIRD (PLEASE GIVE 3 CHOICES)** _____

SPONSOR - 30 SPACES INCLUDING PUNCTUATION _____

CREW (ONLY THE DRIVER OR ENTRANT MAY CHANGE CREW LIST)

1. FREE	4. PAY	\$10
2. FREE	5. PAY	\$10
3. FREE	6. PAY	\$10

EMERGENCY CONTACT INFO

Primary Contact _____ **At track?** Y / N

Phone # _____ **Alt Phone** _____

Secondary Contact _____ **At track?** Y / N

Phone # _____ **Alt Phone** _____

PAYMENT INFO **OPTIONAL WORKER FUND CONTRIBUTION** __\$10 __\$15 __\$20 __\$25 __ OTHER \$ _____

Race Fee **Optional Worker Fund Contribution** **Late Fee** **TOTAL \$**

(MAKE CHECK PAYABLE TO CHICAGO REGION SCCA)
CHECK NO. _____

Use this section for the Bracket Enduro
Please list each additional driver

DRIVER INFO		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.	
DRIVER SIGNATURE _____		DATE _____	
NAME (PRINT LEGIBLY) _____		Date of birth _____	
ADDRESS (STREET) _____		(CITY) _____	(ST) _____ (ZIP) _____
REGION OF RECORD _____		MEMB # _____	EXP DATE _____
E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE			
PHONE HOME () _____		WORK() _____	FAX() _____

DRIVER INFO		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.	
DRIVER SIGNATURE _____		DATE _____	
NAME (PRINT LEGIBLY) _____		Date of birth _____	
ADDRESS (STREET) _____		(CITY) _____	(ST) _____ (ZIP) _____
REGION OF RECORD _____		MEMB # _____	EXP DATE _____
E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE			
PHONE HOME () _____		WORK() _____	FAX() _____

DRIVER INFO		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.	
DRIVER SIGNATURE _____		DATE _____	
NAME (PRINT LEGIBLY) _____		Date of birth _____	
ADDRESS (STREET) _____		(CITY) _____	(ST) _____ (ZIP) _____
REGION OF RECORD _____		MEMB # _____	EXP DATE _____
E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE			
PHONE HOME () _____		WORK() _____	FAX() _____