



Official Entry Form Alabama/Tennessee Valley Regions of the SCCA
Double SARRC and Time Trials
Barber Motorsports Park - August 29-30, 2020
 Held under the SCCA GCR, SCCA TTR, SEDIV SARRC & TT Rules
Sanction # 20-R-8224, 20-TTAA-9130



- Entry:** Double SARRC \$460 (+\$30 for FE/FE2, SRF/SRF3)
 NOTE: Same car/driver, 2 classes - \$860
 Single SARRC Saturday Sunday \$370 (+\$30 for FE/FE2, SRF/SRF3)
 I ELECT TO WAIVE SARRC POINTS
- SEDIV Time Trials (2 Day) \$300
 SEDIV Time Trials (1 Day) \$230
 I ELECT TO WAIVE SEDIV TIME TRIALS POINTS



Mail form with entry fees to Registrar: Wanda K. Cecil, 1040 Slatestone Trail, Columbia, SC 29203.
MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO: TVR SCCA

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 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. _____ 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 Signature: _____ Driver Signature: _____

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

Driver Name: _____ Age: _____ SCCA Member Number: _____

In Emergency, Notify: _____ Phone Number: _____ Cell Phone: _____

Relationship: _____ At Track? Yes No

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: _____