

**SCCA CHICAGO REGION - FALL SPRINTS DOUBLE DIVISIONAL****at Blackhawk Farms****October 8-9, 2022**

Sanction #'s 22-R-XXXXX



STANDARD

SRF/SRF3 /FE/FE2

Both Days ☐ \$475☐ \$505Saturday only ☐ \$375☐ \$405Sunday only ☐ \$375☐ \$405☐ Add \$280 2nd class same driver both days☐ Add \$140 2nd class same driver single day (Saturday or Sunday)Registration: <http://msreg.com/FallSprints2022>

MAIL TO: Sue Green
 19010 Round Grove Road
 Morrison, IL 61270
 815-718-4881
 swgreen321@gmail.com

Add \$50 late fee if submitted after Oct. 5
 Online registration CLOSES Oct. 6

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. _____

