MidSouth Region SCCA

Sports Car Club of America Region #66 Event Registration/Tech Form

http://www.midsouthscca.org

Event:			Date:	
Registration Information				
Name:	Phone:			
Address: City/State/Zip:				
Driver's License #:	State:		Expires:	
SCCA Member? Yes: No: Membership #:			Region:	
E-Mail:	Add	to email list if not alread	ly a membe	r?Yes: 🔲 No: 🔲
Autocross experience: Six events or less: More than six events:				
One Day: Two Day:				
Automobile Information				
Car Number: Class:	(Number/Class must be clearly marked on car)			
Car Make & Model: Color:				
Open Tire: Street Tire:				
# of Drivers this Event: Co-Driver Name:				
(Each Driver must complete a Registration Form)				
Section below to be filled out by MidSouth Region SCCA event officials:				
Amount Paid (cash/ck/cc): Received by:				
Seat Belts/Mounting	ing Loose Items Removed from Car			
Roll Bar (if applicable)	Front Suspension/Steering/Wheel Bearings			
Removable Tops/Panels	Throttle Return/Belts/Accessories			
Brakes/Fluid/Pedal	Tires/Tread/Pressure/Treadwear			
Battery Firmly Mounted	Wheels/Hubcaps/Lugnuts			
Fluid Leaks	Number/Class marked on Car			
Muffler/Exhaust	Helmet (Snell M2005/SA2005 or newer)			
Inspected By:				