



**Official Entry Form Alabama/Tennessee Valley Regions of the SCCA**  
**Double SECS, Double SARRC, and Time Trials Championship Event**  
**Barber Motorsports Park – August 26-27, 2017**  
Held under the SCCA GCR, SCCA TTR, SEDIV SECS, SARRC & TT Rules  
**Sanction # 17-RQ-4768-S, 17-R-4769-S, 17-TT-4770-S**



Entry: ☐ Double SECS

\$450 (+\$20 for FE, SRF; +\$20 for SECS Tow Fund)

☐ Double SARRC

☐ Double ITX

\$450 (+\$20 for FE, SRF)

NOTE: Same car/driver, 2 classes either SECS or SARRC or ITX - \$850

☐ Single SARRC ☐ Saturday ☐ Sunday

\$350 (+\$10 for FE, SRF)

☐ Single SECS ☐ Saturday ☐ Sunday

\$350 (+\$10 for FE, SRF, +\$10 for SECS Tow Fund)

☐ Single ITX ☐ Saturday ☐ Sunday

\$350

☐ 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 at 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: \_\_\_\_\_

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: \_\_\_\_\_