



**SCCA Chicago Region Kettle Moraine**  
**Double Divisional Races and Enduro at Road America**  
 August 17-18, 2019 Sanctions 19-R-6011 and 19-E-7754

MAIL TO: Kathy Beimel  
 1407 Main Ave  
 Sheboygan WI 53083-4754  
 (920)-377-1926



	STANDARD	SRF / SRF3 / FE / FE2	ENDURO
Both Days	<input type="checkbox"/> \$505	<input type="checkbox"/> \$535	ENDURO1 <input type="checkbox"/> \$225
Saturday Only	<input type="checkbox"/> \$355	<input type="checkbox"/> \$385	ENDURO 2 <input type="checkbox"/> \$100
Sunday Only	<input type="checkbox"/> \$355	<input type="checkbox"/> \$385	

Add \$125 for same driver in a second class per regional  
 Add \$250 for same driver in a second class both regionals

E-Mail regkatscca@gmail.com  
 Add \$50 late fee if submitted after August 14  
 Online registration CLOSES August 14

**Must enter Enduro 1 to enter Enduro 2**  
 Registration [www.motorsportreg.com](http://www.motorsportreg.com)

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**

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