



REGISTRATION ENTRY FORM SCCA LAND O' LAKES REGION

**Event: Harvey West Memorial Day Classic
Double Divisional Race**

Event Dates: May 25-26, 2019

Location: Brainerd International Raceway

Sanction: 19-R 6006

This event will be held in compliance with the
2019 SCCA General Competition Rules (GCR)

Register online at <http://motorsportreg.com>

Kathy Gillen

7500 NE River Rd

Elk River, MN 55330

(612) 839-7905 email: kathy@gillengroup.com

Hard Copy Registration entry deadline: May 20, 2019

Entry for children under 12 is free. Please request
children's tickets at registration check-in.

Up to 4 additional Weekend Crew Passes/Discounted
Spectator Tickets are available ONLY at SCCA-LOL
Registration Office and may be purchased for \$10

I hereby agree that the car and driver, as described, are
to appear at this Race Meet to compete under the current
GCR of the SCCA, 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 I am a member in
good standing

Entrant's signature _____

Entrant Member # _____

Driver's signature _____

Race Entry Fees:

Method of Payment: Cash, Check, MasterCard/VISA in U.S. Funds. Make checks payable to Land O'Lakes Region SCCA

<input type="checkbox"/>	Saturday only	\$295.00	
<input type="checkbox"/>	Sunday only	\$295.00	
<input type="checkbox"/>	Saturday and Sunday	\$435.00	
<input type="checkbox"/>	Additional Class – 1 day	\$175.00	
<input type="checkbox"/>	Additional Class – 2 days	\$175.00	
<input type="checkbox"/>	Compliance fee for SRF or FE		
	per each Class entry	\$30.00	
<input type="checkbox"/>	Late entry fee	\$40.00	
<input type="checkbox"/>	Discounted Crew/Spectator Weekend Tickets	\$10.00	
<input type="checkbox"/>	Optional Worker Appreciation Contribution		
	Thank You for your support of our volunteers!!		
<input type="checkbox"/>	Optional Contribution LOL Safety Equipment Fund		
	TOTAL PAYMENT		

Driver's Name: _____

SCCA Member # _____

Weekend Member? Yes / No

Street Address _____

City, State, Zip _____

Phone Number _____

Email: _____

Competition License # _____

License Grade _____ Expiration Date _____

Region of Record _____

Emergency Contact Name and Phone # _____

_____ At Track? Yes / No

Car Information:

Permanent Car # _____ if no # assigned list 1st 2nd 3rd choice

Class	Color	Car #	Car #	Car #

Transponder # _____

2 Crew Members Passes Included With Entry

1st Crew _____

2nd Crew _____

Credit Card Acct # (16 digits) _____ Expiration Date ____/____/____ CVV# _____

Credit Card Holder Name _____ Cardholder's Phone # _____

Billing Street Address _____ City, State, Zip _____

Cardholder's Signature _____