

# Spring Sprints Double Regional Races

## Detroit/South Bend/Western Ohio Regions, SCCA

Event Dates:

May 20 – May 21, 2017

**OFFICIAL ENTRY FORM**

**GingerMan Raceway**  
South Haven, Michigan

Make Check/Money Order Payable to:

SOUTH BEND REGION, SCCA

**Mail to:***\* See supps for cash payment discounts*

<input type="checkbox"/>	Both Days (1 car/1 class) \$395.00 received by 5/12/17, \$445.00 after 5/12/17	BECKY SUHR, REGISTRAR
<input type="checkbox"/>	Saturday Entry Fee \$295.00 received by 5/12/17, \$345.00 after 5/12/17	450 Sycamore Springs Dr.
<input type="checkbox"/>	Sunday Entry Fee \$250.00 received by 5/12/17, \$300.00 after 5/12/17	Springboro, OH 45066-8949
<input type="checkbox"/>	Both Days (1 car/2 classes) \$650.00 received by 5/12/17, \$7000.00 after 5/12/17	(937) 550-3287
<input type="checkbox"/>	SRF, SRF3, FE + \$20.00 (per weekend)	(before 10:00 PM EDT...please)
<input type="checkbox"/>	Weekend Membership Fee + \$15.00 (if not an SCCA member)	
<input type="checkbox"/>	Additional dinner tickets: quantity ____ @ \$7.50 each	<input type="checkbox"/> Worker fund donation: Amount \$ ____

Make	Model	Color	Year	Class/Category	Official Use Only
Transponder #		Car # Request 1 <sup>st</sup> ____ 2 <sup>nd</sup> ____ 3 <sup>rd</sup> ____			Group
Driver Name				SCCA Member #	
Address				Phone	
City		State	Zip:		
Email address					Car No.
Competition License No.		License Grade	Region of Record		
In Emergency Notify			Phone		
Address				At Track ? <input type="checkbox"/> Yes   <input type="checkbox"/> No	Class
Entrant's Name (if not driver)					
Sponsor's Name					
Crew: 1. FREE _____ 4. \$10.00 _____ 2. FREE _____ 5. \$10.00 _____ 3. FREE _____ 6. \$10.00 _____					Postmark
I hereby agree that the car and driver, as described above, will appear at this event to participate under the current General Competition Rules & Amendments of the Sports Car Club of America, Inc. & Supplementary Regulations of this event. The car entered complies with all requirements for the class and category in which it is entered and that all of the information provided is valid and accurate.					
Fee Rec.					

**Entrant/Owner**

(If other than Driver)

(Signature)

**Driver:**

(Signature)

**Entrant's Member # &  
Address**
**In Emergency Notify**

Phone

Address

At Track ? ☐ Yes | ☐ No