



SCCA CHICAGO REGION - FALL SPRINTS
Double Divisional and Bracket Enduro Races at Blackhawk Farms
September 7-8, 2019

Sanction #'s 19-R-6013 and 19-CRE-7842

	STANDARD	SRF / SRF3 / FE / FE2	ENDURO
Both Days	<input type="checkbox"/> \$495	<input type="checkbox"/> \$525	ENDURO 1 <input type="checkbox"/> \$225
Saturday only	<input type="checkbox"/> \$340	<input type="checkbox"/> \$370	ENDURO 2 <input type="checkbox"/> \$100
Sunday only	<input type="checkbox"/> \$340	<input type="checkbox"/> \$370	

MAIL TO: Mark Hackbarth
8322 Portland Ave
Wauwatosa, WI 53213-3018
414-350-0788

No calls after 9pm
E-Mail: mjh.scca.mke@gmail.com

Add \$50 late fee if submitted after September 3
Online registration CLOSES September 4

Must enter Enduro 1 to enter Enduro 2

Registration www.msreg.com/fallsprints2018

- ☐ Add \$250 2nd class same driver both days
☐ Add \$125 2nd class same driver single day (Saturday or Sunday)

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****DRIVER INFO**

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