



# SCCA TX Region Super School Festival

## OFFICIAL ENTRY FORM

Sanction Numbers: **XXXXXXX**

September 21-22, 2019

MOTORSPORT RANCH

CRESSON, TX

### ENTRY FEES: Make Checks Payable to TX Region SCCA

☐ School Entry \$600.00

☐ School Waiver to Sunday Races \$200.00

☐ Sunday Restricted Regional Races \$250.00

☐ SRF/SRF3/FE/FE2 Compliance Fee \$30.00

☐ SM Compliance Fee \$20.00

ONLINE ENTRIES : [Race Registration](#)

MAIL ENTRIES TO: Linda Cardenas  
9326 Alta Mira Drive Dallas, TX 75218

CAR IDENTIFICATION						NUMBER ASSIGNMENT		
MAKE	YEAR	MODEL	CLASS	COLOR	TRANS #	SOWDIV RESERVED	OTHER PREFERENCE	
							1ST	2ND 3RD
MAKE	YEAR	MODEL	CLASS	COLOR	TRANS #	SOWDIV RESERVED	OTHER PREFERENCE	
							1ST	2ND 3RD

NAME		
ADDRESS		
PHONE		<input type="checkbox"/> AT TRACK
EMAIL		
LICENSE	<input type="checkbox"/> FULL COMPETITION <input type="checkbox"/> PRO RACING <input type="checkbox"/> OTHER:	
LICENSE #		EXP:
REGION		
EMERGENCY CONTACT		
NAME		
PHONE		<input type="checkbox"/> AT TRACK

OFFICIAL USE	
Car #	
CLASS	
GROUP	
RCVD DATE	
ACK	
FEES	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH
T&S CARD #1	
T&S CARD #2	
BIO DATA	
REGISTRAR	

I agree to compete under the current General Competition Rules of the Sports Car Club of America and the Supplementary Regulations pertaining to this event. I further affirm that the car I have entered complies with the requirements for the class and category in which it is listed on this entry form. I hereby authorize the Race Committee to include the following persons on my pit crew with the understanding that I am responsible for their actions at the race

Crew 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Driver's Signature \_\_\_\_\_

Entrant's signature: \_\_\_\_\_ Region: \_\_\_\_\_ SCCA Member # \_\_\_\_\_

Entrant's Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Entrant's Email Address: \_\_\_\_\_



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## DRIVER INFORMATION

ENTRANTS/DRIVERS **MUST COMPLETE** THE FOLLOWING INFORMATION AND RETURN WITH **ENTRY FORM**

### *Timing and Scoring Information (Required)*

**Transponder Number** \_\_\_\_\_

**Race Group** \_\_\_\_\_

**Car:** Make \_\_\_\_\_ Model (SS): \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ Class: \_\_\_\_\_  
No.: \_\_\_\_\_

### **Driver:**

**Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Membership #:** \_\_\_\_\_ **Region of Record:** \_\_\_\_\_

**Team or Sponsor:** \_\_\_\_\_

**Driver's Email Address:** \_\_\_\_\_

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