Glen Region SCC Watkins & Held under the Sports Ca	elen Internati	ional Race T	Track – Oct	ober 5, 201	13	REGIONAL ENTRY FORM
· · · ·	nal Race SC				ai Regula Horis.	
		ORMATION (				OFFICIAL USE ONLY
Name:	Date of Birth:			REGIONAL RACE GROUP:		
Address (Street,City,State,Zip):	1					
Email:			Phone: ( )			CAR #:
SCCA License #:			Region of Record:			
License Grade:			Expiration Date:			POSTMARK:
EMERGENCY CONTACT						
Name:			At the track? Where?			DATE RECV'D:
Address (Street,City,State,Zip):						
Phone: ( ) Relationship:						AM'T RECV'D:
ENTRANT (if different from driver)						
Entrant Name:			SCCA Mbr #:			POSTED:
Address (Street,City,State,Zip):						———————————————————————————————————————
Phone: ( ) Sponsor:						COMMENTS:
CAR INFORMATION						
Year/Make/Model:			Class:			
Desired Numbers:			Color:			
CREW INFORMATION						
Name: SCCA Mbr #:						
Name:			SCCA Mbr #:			
Name:			SCCA Mbr #:			
Name: SCCA Mbr #:						
ENTRY FEES (Make checks payable to Glen Region SCCA, Inc.) Regional Entry Fee - check one (*required information): CASH [ ] CHECK [ ]* MC [ ] *VISA [ ] \$250						Mail this
	red information): C	CASH[]CHE	CK[]* MC[	]*VISA[] :	\$250	COMPLETED Entry Form to:
Second Entry \$125					1	
SRF, FE Compliance Fee: add \$10.00						
Garage Fee: (SEPARATE CHECK) add \$95.00 (1st come/1st served per postmark, non-refundable)						
Overcrew: Number over allowance X \$10.00 each						Glen Region SCCA, Inc. Terri Dobbs, Registrar
Worker Fund (optional):						611 Hatfield St.
*******Entry must be received by MIDNIGHT on October 1, 2013*******						Horseheads, NY 14845
*Credit Card #:			1		TOTAL	
*Name:			*Exp. Date:		AMOUNT:	
It is understood and a according to the SC	greed that the und		the car describ			Express Mail, FedEx, UPS Accepted only if <b>NO</b> signature is required.
Driver:			Date:			
Entrant:			Date:			
	ING			OFFICIAL USE ONLY		
Name:			Hometown/State:			REGIONAL RACE GROUP:
Transponder #:			Color:			
Class:			Sponsor:			CAR #:
Car Make / Yr:						
Mbr #: Region of	Record:					