

SCCA EVENT SIGN IN

Entry Info

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ - _____ - _____ Under 18 yrs of age: Y/N _____

Email Address: _____

CAR Info

Car Make: _____ Model: _____ Yr. _____

Car Color: _____

Car Class _____ Car #: _____

SCCA Member: Y/N _____ Rookie: Y/N _____

SCCA Number: _____ Region: _____

Co Driver on car: Y/N _____ If yes name of co-driver _____

Payment by: cash/check (circle one)

Please fill out data above the line

Paid \$ _____

Sign Waiver/ Give Wristband

Minor Release form

Verify Drivers License

Weekend Member Yes/No

Entered in Computer

SAE Yes/No