

ENTRY FORM



Chicago Region Autobahn Classic
Double Divisional Races
September 7-8, 2024
Sanction # 24-R-61827

MAIL TO:
 Sue Green
 19010 Round Grove Road
 Morrison, IL 61270
 (815) 718-4881
 swgreen321@gmail.com
 Online Registration Closes
9/4/2024

	STANDARD		SRF, SRF3, FE, FE2
Both Days	<input type="checkbox"/> \$530	<input type="checkbox"/>	\$560
Saturday Only	<input type="checkbox"/> \$390	<input type="checkbox"/>	\$420
Sunday Only	<input type="checkbox"/> \$390	<input type="checkbox"/>	\$420

- Add \$320 Standard / \$350 SRF, SRF3, FE, FE2 Each additional class same driver for both days
 Add \$160 Standard / \$190 SRF, SRF3, FE, FE2 Each additional class same driver for single day (Sat. or Sun.)
 This event is governed by the 2024 General Competition Rules (GCR) and Category Specifications, as amended for 2024 per "Fastrack" and the Supplemental Regulations. A separate entry form must be filled out for each car, driver, and race entered.

PLEASE PRINT CLEARLY IN BLACK INK ONLY!

DRIVER INFORMATION 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 _____ (CITY) _____ (ST) _____ (ZIP) _____
 (STREET) _____
 REGION OF RECORD _____ MEMB # _____ EXP. DATE _____
 E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE
 PHONE HOME () _____ WORK () _____ MOBILE () _____

ENTRANT Only if different from driver. Must be an SCCA member not a corporation.

NAME _____ SIGNATURE _____ MEMB # _____
 ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

CAR INFORMATION

TRANSPONDER # _____ MUST HAVE THIS # (CAN WE READ IT?)
 FLAGTRONICS ID # _____ MUST HAVE THIS IF REQUIRED IN SUPPS
 CAR MAKE _____ MODEL _____ COLOR _____ CLASS _____
 NUMBER CHOICES FIRST _____ SECOND _____ THIRD _____ (PLEASE GIVE 3 CHOICES)
 SPONSOR (30 SPACES INCLUDING PUNCTUATION) _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT _____ AT TRACK? Y / N
 PHONE # _____ ALT. PHONE # _____
 SECONDARY CONTACT _____ AT TRACK? Y / N
 PHONE # _____ ALT. PHONE # _____

PAYMENT INFORMATION VOLUNTEER RECOGNITION FUND \$10 _____ \$15 _____ \$20 _____ \$25 _____ OTHER \$ _____

RACE FEE VOLUNTEER FUND LATE FEE TOTAL \$
 MAKE CHECK PAYABLE TO **CHICAGO REGION SCCA** CHECK NO. _____