



Chicago Region SCCA
 June 21-23, 2024
 Road America (4.048 miles)
 Sanction # 23-ST-xxxxx

MAIL TO: Sue Green
 19010 Round Grove Rd.
 Morrison, IL 61270
 (815) 718-4881
 E-Mail registration@junesprints.com
 Add \$50 late fee if submitted after June 15th
 Online registration CLOSES June 15th

Entry Fees STANDARD SRF3 / FE2 SM/SMX
 Online/Mail \$655 \$685 \$675

Online Registration @ www.motorsportreg.com/junesprints2023

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 Supplemental 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. FREE _____
 2. FREE _____ 5. PAY _____ \$30
 3. FREE _____ 6. PAY _____ \$30

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. _____