



**SCCA Chicago Region Kettle Moraine
Double Divisional Races at Road America**

August 24-25, 2024

Sanctions 24-R-XXXXX



	STANDARD	SRF / SRF3 / FE / FE2
Both Days	<input type="checkbox"/> \$615	<input type="checkbox"/> \$645
Saturday Only	<input type="checkbox"/> \$465	<input type="checkbox"/> \$495
Sunday Only	<input type="checkbox"/> \$465	<input type="checkbox"/> \$495

MAIL TO: Kathey Beimel
2616 Luedke CT
Sheboygan WI 53083-4416
(920)-377-1926

E-Mail regkatscca@gmail.com

Add \$50 late fee if submitted after August 21
Online registration CLOSES August 21

- Add \$175 for same driver in a second class for **one** regional. Additional compliance fees may apply.
- Add \$350 for same driver in a second class **both** regionals. Additional compliance fees may apply.

Registration www.msreg.com/kettle2024.com

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 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 (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. PAY _____	\$10
2. FREE _____	5. PAY _____	\$10
3. FREE _____	6. PAY _____	\$10

EMERGENCY CONTACT INFO

Primary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

Secondary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

PAYMENT INFO

VOLUNTEER RECOGNITION FUND ___\$10 ___\$15 ___\$20 ___\$25 ___ OTHER \$ ___

Race Fee Volunteer Recognition Fund Late Fee TOTAL \$

(MAKE CHECK PAYABLE TO CHICAGO REGION SCCA)

CHECK NO. _____