



WE RECOMMEND THAT YOU ENTER THE EVENT ONLINE AT MOTORSPORTSREG.COM

Escape The Sinkhole Entry Form

NCM Motorsport Park ■ Bowling Green, KY ■ June 12-13, 2015



Practice Day Entry Fee-----	<input type="checkbox"/>	\$225.00
Regional Entry Fee –Both Days -----	<input type="checkbox"/>	\$425.00
One Day Regional Entry fee—Sat. <input type="checkbox"/> Sun. <input type="checkbox"/>	<input type="checkbox"/>	\$250.00
Extra class (ex. SM & ITA) 1 day <input type="checkbox"/> 2 day <input type="checkbox"/>	<input type="checkbox"/>	\$175.00
2 drivers, 1 car, Both Days-----	<input type="checkbox"/>	\$450.00
Over Crew (1 st three are free)----	<input type="checkbox"/>	\$20 per person
SRF & FE Compliance Fee (\$10 per Day)	<input type="checkbox"/>	\$
Additional Worker Donation-----	<input type="checkbox"/>	\$
Late Entry Fee (Postmarked after June 6, 2015)	<input type="checkbox"/>	\$50.00
RACE TOTAL:		\$
<input type="text"/>		

Make check/money order payable to:
 Cincinnati SCCA
 Send to:
 Cincinnati Race Registration
 682 Yorkhaven, Cincinnati, OH 45246-1427
 Registrar's phone: (513) 575-6580 before 9 pm EDT
 Registrar's e-mail: tefkatt@aol.com

Sanction Nos. 15-PD-3580-S, 15-RQ-3581-S, 15-RQ-3582-S

Held under the SCCA 2015 General Competition Rules and Supplemental Rules for this event
 Regional Executive: Tony Brown
 Race Chairman: Jerry Cabe e-mail: jerrycabe2@gmail.com

Make:	Model:	Color:	Class:	Official Use Only
Number Desired	1 st	2 nd	3 rd	
Driver's Name:		Phone:		Car No.
Address:		Email:		
City, State, Zip:		DOB:	Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class
(See Supps for Minor Requirements)				
Comp. License No:	Grade:	Region of Record:		Postmark
Transponder # I.D.:		Member Number:		Fee Rec'd
Entrant's Name :		Entrant's Member No:		
Crew # 1 (Free)		Crew #4 (Pay)		Check No.
Crew #2 (Free)		Crew # 5 (Pay)		
Crew # 3 (Free)		Crew # 6 (Pay)		
In the case of emergency, notify:		Phone:		Cash
Address:		At Track ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS THERE BEEN A CHANGE IN YOUR MEDICAL STATUS SINCE YOUR MOST RECENT PHYSICAL EXAM? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I agree to enter this event under the current General Competition Rules of the Sports Car Club of America and the Supplemental Regulations pertaining to this event. I further confirm that the car which I have entered complies with all requirements as specified in the GCR for the Class, Category, and Race in which it is entered above.				
Signatures				
Driver:	Entrant/Owner:		Date:	

MANDATORY TIMING AND SCORING INFORMATION - DRIVER MUST COMPLETE				Race No.
Class:	Make:	Model:	Color:	Car No.
Transponder #ID:	Member No.:		Region of Rec.:	
Driver's Name:	Hometown:		State:	Class
Sponsors:				

