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

I.T.SPEC*taclular PDX Entry Form

MID-OHIO SPORTS CAR COURSE ■ LEXINGTON, OHIO ■ August 7, 2015

Sanction No. 15-PDX-3585-S

Held under the SCCA 2015 Time Trial Rules & Supps

Cincinnati Regional Executive: Tony Brown

PDX Chairman: Chase Heikkila

PDX Friday August 7th \$240.00

SCCA Weekend Membership \$15.00

Over Crew ____ @ \$10.00 per crew over 3 _____

Instructor (Chief Instructor Approval Required) \$ 00.00

Make checks/money orders payable to:

Cincinnati SCCA

Send form/payment to:

Cincy PDX Registration

682 Yorkhaven Road , Cincinnati, OH 45246-1427

Registrar's phone: (513) 575-6580 before 9 pm EDT

Registrar's e-mail: tefkatt@aol.com

PDX TOTAL: \$

Make: _____ Model: _____ Color: _____	Official Use Only
Class: Novice _____ Intermediate _____ Advanced _____ Instructor _____	
Number Desired 1 st 2 nd 3 rd	Car No.
Driver's Name: _____ Phone: _____	Class
Address: _____ Email: _____	
City, State, Zip: _____ DOB: _____ Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Postmark
(See Supps for Requirements)	
Comp.(Or Drivers) License No: _____ Grade (Or State): _____ Region of Record: _____	Fee Rec'd
SCCA Member Number: _____	
Driver's Experience (specify number in last 5 years): _____ PDX _____ Autocross (years) _____ Other Time Trials _____	Check No.
_____ Other Sanctioning Body Track Events _____ Performance Driver Schools/Driver Education	
Crew # 1 (Free) Crew #4 (Pay)	Cash
Crew #2 (Free) Crew # 5 (Pay)	
Crew # 3 (Free) Crew # 6 (Pay)	
In the case of emergency, notify: _____ Phone: _____	
Address: _____ At Track ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to enter this event under the current Time Trial 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 TTR for the Class, Category, and event in which it is entered above.	
Signature _____	
Driver: _____	
Date: _____	

MANDATORY INFORMATION - DRIVER MUST COMPLETE

Class:
Make:
Model:
Color:

Car No.

SCCA Member No.:
Region of Rec.:

Class

Driver's Name:
Hometown:
State:

Sponsors: