

INDIANAPOLIS REGION SCCA - INDY GRAND PRIX

SCCA NATIONAL RACES - INDIANAPOLIS RACEWAY PARK - JULY 8-9, 2006 - SANCTION NUMBER: 06-N-32-S



Mail entries to:

Cathy Hart, Registrar
7811 Ashton Place
Fishers, IN 46038
Phone: 317-849-2495

EVENT FEES (circle fees paid)

National Entry Fee.....	\$ 250
Late Entry Fee - add if postmarked after July 1	\$ 25
Compliance Fee (SR, FSCCA, SCCASR)	\$ 10
Saturday Evening Party Donation (Voluntary)	\$ 10
Late Cancellation Fee	\$ 50
NSF Check Fee.....	\$ 50

PLEASE PRINT CLEARLY WITH BLACK INK

Make checks payable to: INDIANAPOLIS REGION SCCA

DEADLINE TO AVOID \$25 LATE ENTRY FEE IS JULY 1

DEADLINE TO AVOID \$50 CANCELATION FEE IS JULY 4

THIS EVENT WILL BE HELD IN STRICT COMPLIANCE WITH THE 2006 SCCA GENERAL COMPETITION RULES.

CLASS _____ MAKE _____ MODEL _____ YEAR _____ COLOR _____
 NUMBER CHOICES 1st _____ 2nd _____ 3rd _____ E-MAIL _____
 DRIVER'S NAME _____ MEMBER # _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____
 LICENSE NO _____ LIC. GRADE _____ REGION _____
 IN EMERGENCY CALL _____ PHONE _____ AT TRACK Y/N _____
 ENTRANT NAME _____ MEMBER NO _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CREW MEMBERS 1. FREE _____ 4. PAY _____
 2. FREE _____ 5. PAY _____
 3. FREE _____ 6. PAY _____

Official Use Only	
GROUP	_____
CAR #	_____
CLASS	_____
AMT PD	_____
CK #	_____

I hereby agree that the car and driver, as described above, 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 (Supps) for this event. I affirm that the car entered complies with all requirements for the class and category in which it is entered and all of the information provided on this Entry Form is valid and accurate on this date of _____, 2006.

ENTRANT _____ DRIVER _____

DRIVER MEDICAL INFORMATION - COMPLETE IN FULL TO AVOID PROCESSING DELAYS

DRIVERS NAME _____ AGE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 IN EMERGENCY CALL _____ PHONE _____ AT TRACK Y/N _____
 CURRENT MEDICATIONS _____ BLOOD TYPE _____
 DRUG ALLERGIES _____ LAST TETANUS _____
 LIST ANY SPECIAL MEDICAL CONDITION _____
 DESCRIBE ANY ILLNESS/INJURY IN PAST 12 MONTHS _____

Official Use Only	
GROUP	_____
CAR #	_____
CLASS	_____

PHYSICIANS NAME _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 ANSWER YES OR NO: Contacts _____ Dentures _____ Asthmatic _____ Diabetic _____ Epileptic _____
 Hemophiliac _____ Organ Donor _____ Where _____ Religious Preference _____

TIMING & SCORING INFORMATION - COMPLETE IN FULL TO AVOID PROCESSING DELAYS

TRANSPONDER NUMBER _____
 CLASS _____ MAKE _____ MODEL _____ YEAR _____ COLOR _____
 DRIVER'S NAME _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____
 LICENSE NO _____ LIC. GRADE _____ REGION _____
 SPONSOR _____

Official Use Only	
GROUP	_____
CAR #	_____
CLASS	_____