

**INDIANAPOLIS REGION SCCA
 SPRING SPRINTS
 DOUBLE REGIONAL RACES &
 PERFORMANCE DRIVING EXPERIENCE
 O'REILLY RACEWAY PARK**

MAY 5-6, 2007

SANCTION NUMBERS: 07-RS-196-S & 07-RS-197-S & 07-PDX-30-s

Mail entries to:

Pete Hylton, Registrar
 7591 N State Road 267
 Brownsburg, IN 46112
 Phone: 317-852-5923

Make checks payable to:
 INDIANAPOLIS REGION SCCA

**DEADLINE TO AVOID \$25 LATE ENTRY FEE IS APRIL 29
 DEADLINE TO AVOID \$50 CANCELATION FEE IS MAY 2**

EVENT FEES (circle fees paid)

One Regional Only	\$ 200
Both Regionals – One Car/One Driver.....	\$ 265
Both Regionals – One Car/Two Drivers	\$ 300
Both Regionals – Two Classes, One Car/One Driver	\$ 350
PDX.....	\$ 200
Late Entry Fee - add if postmarked after April 29	\$ 25
Compliance Fee (SRF, FSCCA, SCCASR - Each Race).....	\$ 10
Saturday Evening Party Donation (<u>Voluntary</u>)	\$ 10
Late Cancellation Fee	\$ 50
NSF Check Fee	\$ 50

THIS EVENT WILL BE HELD IN STRICT COMPLIANCE WITH THE 2007 SCCA GCR &TRR

CLASS _____ MAKE _____ MODEL _____ YEAR _____ COLOR _____	OFFICIAL USE ONLY
NUMBER CHOICES 1 st _____ 2 nd _____ 3 rd _____ EMAIL: _____	
DRIVER'S NAME _____ MEMBER # _____	GROUP _____
ADDRESS _____ PHONE _____	
CITY _____ STATE _____ ZIP _____	CAR # _____
LICENSE NO _____ LIC. GRADE _____ REGION _____	
IN EMERGENCY CALL _____ PHONE _____ AT TRACK Y/N _____	CLASS _____
ENTRANT NAME _____ MEMBER NO _____	
ADDRESS _____ CITY _____ STATE _____ ZIP _____	AMT PD _____
CREW MEMBERS	
1. FREE _____ 4. PAY _____	
2. FREE _____ 5. PAY _____	CHECK # _____
3. FREE _____ 6. PAY _____	

I hereby agree that the car and driver, as described above, are to appear at this Race Meet to compete under the current GCR and TTR and amendments of the Sports Car Club of America, Inc., and the Supplementary Regulations 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 _____, 2007.

ENTRANT _____ DRIVER _____

DRIVER MEDICAL INFORMATION - COMPLETE IN FULL TO AVOID PROCESSING DELAYS

DRIVERS NAME _____ AGE _____	
ADDRESS _____ CITY _____ STATE _____ ZIP _____	OFFICIAL USE ONLY
IN EMERGENCY CALL _____ PHONE _____ AT TRACK Y/N _____	
CURRENT MEDICATIONS _____ BLOOD TYPE _____	GROUP _____
DRUG ALLERGIES _____ LAST TETANUS _____	
LIST ANY SPECIAL MEDICAL CONDITION _____	CAR # _____
DESCRIBE ANY ILLNESS/INJURY IN PAST 12 MONTHS _____	
PHYSICIANS NAME _____ PHONE _____	CLASS _____
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 – REGIONAL RACE ONLY

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