

St. Louis Region Club Racing Entry Form

Mail Entry to: Sheila Burkett, 610 Tuxedo Blvd., Webster Groves, MO 63119
 Email: registrar@stlscca.org Phone: 314-249-6571 Fax: 866-831-8619
 Make checks payable to: St. Louis Region SCCA

**Official Use
Only**

RACE: April 25-27, 2014 St. Louis Home Opener 14-RQ-3190-S/14-RQ-3191-S/14-CRE-3259-S/14-PDX-3259-S						Race No:			
ENTRY:	SCHOOL		REGIONAL		CRE		PDX		
CAR # Choice	Perm #		#2		#3				
CAR	Make		Model		Year		COLOR		
License Grade	Expires			Region					
Transponder #				Membership Number:					
Driver Name:						Cell phone # at TRACK			
Address:									
City:		State:		Zip:					
Email:									
Entrants Name:		Membership #:		Expires:					
Co-Driver:									
Emergency Contact:		Phone:		At Track?					
Sponsors									
<i>For Secure Credit Card Payment go to motorsportsreg.com to register.</i>									
Card #:		Expires:		Sec. Code					
Name on Card:									
Signature:									
Billing Address:									
Authorized Hot Pass Crew: No Charge up to 3 - Also for 3 Dinner Tickets									
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 of the information provided on this entry form is valid on this date.									
Driver Signature									
Entrants Signature: (if applicable)									
Held under the 2014 SCCA General Competition Rules									

Race No:

Car No:

Class

Post Date

Date Rcv.

Amt. Rcv.