

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:		August 2-3, 2014		St. Louis Summer Showcase		14-RQ- -S/14-RQ- -S/14-CRE- -S/14- PDX - -S	
ENTRY:	Regional (Runoff Q)	SAT - SUN - BOTH	CRE	Club Trials	PDX		
CAR # Choice	Perm #	#2		#3			
CAR	Make	Model	Year	COLOR			
License Grade	Expires	Region					
Transponder #	Membership Number:						

Race No:

Driver Name:	Cell phone # at TRACK
Address:	

Car No:

City:	State:	Zip:
Email:		
Entrants Name:	Membership #:	Expires:
Co-Driver:		
Emergency Contact:	Phone:	At Track?
Sponsors		

Class

<i>For Secure Credit Card Payment go to motorsportsreg.com to register.</i>	
Card #:	Expires:
Name on Card:	Sec. Code
Signature:	
Billing Address:	

Post Date

Authorized Hot Pass Crew: No Charge up to 3 - Also for 3 Dinner Tickets

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Date Rcv.

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)	

Amt. Rcv.

Held under the 2014 SCCA General Competition Rules