Entry Fee:	**Single Day:**	**$**	**275.00**
	Double:	**$**	**300.00**
	Enduro:	**$**	**75.00**
SRF, FE, SM (Per day Compliance fee)		**$**	**10.00**
Late Fee:		**$**	**25.00**
Overcrew:		**$**	**10.00 ea.**
Worker Fund:		**$**	_____
	Total	**$**	_____

Make Checks Payable To:

Steel Cities Region, SCCA

Held under *SCCA General Competition Rules*, *Fastrack*, and *Supplemental Regulations* for this event.

Steel Cities Region, SCCA
Double Regional Races
BeaveRun Motorsport Complex

June 6, 2009 – Sanction # 09-R-592-P
June 7, 2009 – Sanction # 09-R-593-P
Enduro – Sanction # 09-E-594-P

Mail Entries and Checks to:
Steel Cities Region, SCCA
c/o Donna McDonough
2940 Abbey Lane
South Park, PA 15129-8827

Call only between 8:30 and 9:30 pm
(412) 714-3560
Fax (412) 714-3561

Make:	**Model/Year (SS & Touring):** /	**Color:**	**Class:**
Desired Number:	**1st:**	**2nd:**	**3rd:**

Driver's Name: _____ Birth Date: _____

Address: _____ Phone: _____

City/State/Zip: _____

Competition Lic. # _____ Grade: _____ Region of Record: _____

Driver's Email: _____

Entrant's Name and Membership # _____

Address/City/State/Zip: (if different than above) _____

Official Use Only
Race #
Car #
Class
Postmark
Fee Rec'd
Check #
Cash

Crew Members:

1. (free) _____ 5. (pay) _____
2. (free) _____ 6. (pay) _____
3. (free) _____ 7. (pay) _____
4. (pay) _____ 8. (pay) _____

In case of emergency notify: _____ Phone: _____ At Track? ☐ Y ☐ N

I hereby agree that the car and driver as described above are to appear at this Race Meet to compete under the current GCR, amendments of the SCCA, Inc., and the supplementary regulations of the 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.

Signature(s) _____ _____ _____
Entrant/Owner (if different from driver) Driver Date

Mandatory Timing and Scoring Information - Driver Must Complete

Car Class/Category: _____ Make: _____ Model: _____ Color: _____

Year (SS & Touring): _____

Driver's Region of Record: _____ License# _____ Grade _____

Driver's Name: _____ Address: _____

City/State/ZIP: _____

Sponsors: _____

Transponder #: _____

OFFICIAL USE ONLY
Race #
Car #
Class