

National Entry Fee: \$ <u>325.00</u> <small>(includes 2 dinners)</small> Regional Entry Fee: \$ <u>199.95</u> <small>(includes 2 dinners)</small> SRF, FE \$ <u>10.00</u> <small>(Per car Compliance fee)</small> Late Fee: \$ <u>25.00</u> Overcrew: \$ <u>10.00 ea.</u> Add'l Adult Dinners @ \$15.00 \$ _____ Add'l Child Dinners @ \$10.00 \$ _____ Worker Fund: \$ _____ Total \$ _____ Make Checks Payable To: Steel Cities Region, SCCA	Steel Cities Region, SCCA 58th Cumberland Classic National Sportscar Races and The \$199.95 Restricted Regional BeaveRun Motorsports Complex July 31 – August 1, 2010 Sanction # 10-N-1166-S Sanction # 10-R-1165-S <small>Held under SCCA General Competition Rules, Fastrack, and Supplemental Regulations for this event.</small>	Mail Entries and Checks to: Steel Cities Region, SCCA c/o Bridget Connolly 1543 Amelia Avenue South Park, PA 15129-8827 Call only between 6:30 and 9:30 pm (412) 854-4210 Phone / Fax
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Make:	Model:	Color:	Class:
Desired Number:	1st:	2nd:	3rd:

Driver's Name: _____ Birth Date: _____
 Address: _____ Phone: _____
 City/State/Zip: _____
 Membership #: _____ License 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) _____	4. (pay) _____
2. (free) _____	5. (pay) _____
3. (free) _____	6. (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) _____ Date _____
Entrant / Owner (if different from driver) Driver

Mandatory Timing and Scoring Information - Driver Must Complete

Car Class/Category: _____ Make: _____ Model: _____ Color: _____
 Driver's Region of Record: _____ Membership #: _____ License Grade: _____
 Driver's Name: _____ Address: _____
 City/State/ZIP: _____
 Sponsors: _____
 Transponder #: _____

OFFICIAL USE ONLY
Race #
Car #
Class