



Official Entry Form Alabama/Tennessee Valley Regions of the SCCA
Double SECS, Double SARRC, and Time Trials Championship Event
Barber Motorsports Park - August 30-31, 2014
Held under the SCCA GCR, SCCA TTR, SEDIV SECS, SARRC & TT Rules
Sanction # 14-RQ-2924-S, 14-R-2925-S, 14-TT-2926-S



Entry: ☐ Double SECS

\$450 (+\$20 for FE, SRF; +\$20 for Nat'l Tow Fund)

☐ Double SARRC

\$450 (+\$20 for FE, SRF)

NOTE: Same car/driver, 2 classes either SECS or SARRC - \$800

☐ Single SARRC ☐ Saturday ☐ Sunday

\$350 (+\$10 for FE, SRF)

☐ Single SECS ☐ Saturday ☐ Sunday

\$350 (+\$10 for FE, SRF, +\$10 for Nat'l Tow Fund)

☐ I ELECT TO WAIVE SARRC POINTS

☐ SEDIV Time Trials Championship (2 Day)

\$350

☐ SEDIV Time Trials Championship (1 Day)

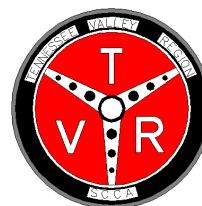
\$225

☐ I ELECT TO WAIVE SEDIV TIME TRIALS POINTS

MAKE ALL CHECKS PAYABLE TO: TVR SCCA & Send to:

Wanda Cecil (wandakcecil@aol.com)

1040 Slatestone Trl, Columbia, SC 29203



WORKER DONATION \$_____ (include with entry check)

AMB Transponder Number: _____

Make: _____ Model: _____ Color: _____ Year: _____ Class: _____

Number Desired: 1st Choice: _____ 2nd Choice: _____ Is 1st Choice a SEDiv Time Trials or RR Reserved Number? ☐ Yes ☐ No

Sponsor Info: _____

Driver's Name: _____ SCCA Member Number: _____

Entrant Name: _____ SCCA Member Number: _____

Address: _____ Day & Night Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Comp. Lic. No. _____ Grade: _____ Region of Record: _____ Email: _____

Crew 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

I agree to enter under the General Competition Rules of the Sports Car Club of America, Inc., Time Trials Rules and the Supplementary Regulations pertaining to this event. I further affirm that the car I have entered complies with all GCR and/or TTR requirements as applicable for the class, category and race in which it is entered above.

Entrant Owner Signature: _____ Driver Signature: _____

Driver Emergency Contact Information (Must be completed by Driver. PLEASE PRINT)

Driver Name: _____ Age: _____ SCCA Member Number: _____

In Emergency, Notify: _____ Phone Number: _____ Cell Phone: _____

Relationship: _____ At Track? ☐ Yes ☐ No

OFFICIAL USE ONLY

Group No. _____ Car No. _____ Class _____ Postmark _____ Amount Paid _____

Cash/Check No. _____ Driver Lic. No. _____ Exp. Date: _____

Comp. Lic. Exp. Date: _____ SCCA No. _____ Exp. Date: _____