

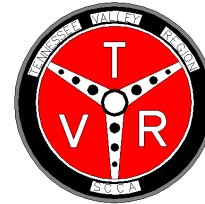


**Official Entry Form Alabama/Tennessee Valley Regions of the SCCA
 Double SECS, Double SARRC, and Time Trials Championship Event
 Barber Motorsports Park - August 29-30, 2015
 Held under the SCCA GCR, SCCA TTR, SEDIV SECS, SARRC & TT Rules
 Sanction # 15-RQ-3461-S, 15-R-3462-S, 15-TT-3463-S**



- Entry:** Double SECS \$470 (+\$20 for FE, SRF; +\$20 for SECS Tow Fund)
 Double SARRC \$470 (+\$20 for FE, SRF)
 NOTE: Same car/driver, 2 classes either SECS or SARRC - \$850
 Single SARRC Saturday Sunday \$370 (+\$10 for FE, SRF)
 Single SECS Saturday Sunday \$370 (+\$10 for FE, SRF, +\$10 for SECS Tow Fund)
 I ELECT TO WAIVE SARRC POINTS

 SEDIV Time Trials Championship (2 Day) \$370
 SEDIV Time Trials Championship (1 Day) \$250
 I ELECT TO WAIVE SEDIV TIME TRIALS POINTS



MAKE ALL CHECKS PAYABLE TO: TVR SCCA & Turn in at Registration

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: _____