

Event Info

PLEASE CHECK ALL THAT APPLY

- Double National
 - Single National (Sat/Sun or Sun/Mon)
 - Sat/Sun **or** Sun/ Mon
 - Combined Double National/Regional
 - Combined Single National/Regional
 - Sat/Sun **or** Sun/ Mon
 - Double Regional
 - Single Regional
 - Sat/Sun **or** Sun/ Mon
 - Second Entry same driver/car
- Event Dates: **May 23-24-25, 2009**
 Track: **Pacific Raceways**
 Sanction No(s): 09-N-581-S: 09-N-582-S
09-R-583-S: 09-R-591-S



**OFFICIAL NORTHWEST REGION
2009 ENTRY FORM
NORTHWEST REGION, SCCA**

This event is sanctioned by the SPORTS CAR CLUB of AMERICA, Inc., and is organized and operated by the NORTHWEST REGION and held under the 2009 SCCA General Competition Rules.

MAIL ENTRY TO: NWR-SCCA Race Treasurer
 11674 132 Ct. NE
 Redmond, WA 98052
 Phone 425-822-0568

FAX ENTRY TO: Fax No. 425-822-8346

DIRECT QUESTIONS TO: NWR -SCCA Race Registrar
Sherri Masterson
 Phone 360-479-6082 or
 Email: kc7wec@yahoo.com

ORGANIZER USE ONLY

Group # _____
 Car # _____
 Class _____

FORM RECEIVED

Postmark _____
 Received _____
 Date _____
 Notified _____

CHECK IN

REGS. _____
 LIC EXP _____
 DUAL _____

FEES RECEIVED

FE \$ _____
 SM \$ _____
 SRF \$ _____
 Crew \$ _____
 Entry \$ _____
 Worker \$ _____

TOTAL \$ _____

Cash \$ _____
 Check \$ _____
 Check # _____

Visa/MC \$ _____
 Entry # _____

Discount Deadline May 15, 2009

Fee Information	Discounted / Regular	
Double National	\$530	\$555
Single National	\$400	\$425
Combined Double National/Regional	\$630	\$655
Combined Single National/Regional	\$450	\$475
Double Regional	\$330	\$355
Single Regional	\$225	\$250
Second Entry, <u>Same Driver/Car</u>	\$ 50	\$ 50

Class _____ Car Make _____ Model _____ Color _____

Car No. Desired: 1st _____ 2nd _____ 3rd _____ Year _____ Transponder # _____

Is # reserved? : Yes : No (1 or 2 Digit #'s only) (Showroom Stock/Touring Only) (Transponder # Needed On All Entries)

Do you have a current 2009 Annual Tech Inspection on this car? Yes No If Yes, you could qualify for EXPRESS REGISTRATION

Driver's Name _____ SCCA Membership No. _____

Address _____ Region of Record _____

City _____ Work Phone () _____

State _____ Zip _____ Home Phone () _____

Sponsor _____

License Grade (Circle): Novice - Regional - National - Vintage - Track Trials - Other (specify) _____

Email _____

Do you have a medical information tag on your helmet? ___ Yes ___ No

Emergency Contact Person _____ Phone _____

Complete Only If Other Than Driver

Entrant's Name: _____ SCCA Membership No. _____

Address _____ City _____ State _____ Zip _____

It is hereby understood and agreed that the undersigned and the car described here are to appear at the above race event to compete under the 2009 General Competition Rules of the Sports Car Club of America and NWR Supplementary Regulations pertaining to this event. I certify that my car complies with the SCCA regulations pertaining to this event. I have thoroughly read the instructions and entry blank and I hold an appropriate license for this event. I further waive all rights and so release to the Sponsor and the Club the use of my name and photographs of my car and myself for publicity and promotional purposes.

Driver's Signature _____ Date _____

Entrant's Signature _____ Date _____

(If Other Than Driver)

Payment Information: (Circle One) Visa/MasterCard - Check - Cash (Do not send cash by mail)

FEES are payable to Northwest Region SCCA in U.S. Funds

Full Card Number: _____ SCCA FEES: FE, SM, SRF.

Expiration Date: _____ \$10 per Sanction number: \$ _____

Card Holder Name: _____ Over Crew \$5.00 \$ _____

Card Holder Signature: _____ Entry Fee: \$ _____

Card Billing Address: _____ Worker Fund: (Optional) \$ _____

Total Fees: \$ _____