

EASTERN TENNESSEE REGION SCCA SOLO II REGISTRATION FORM



EVENT: _____

DATE _____

Name _____ Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____

Are you 18 years or older? _____ (If under 18, parent or guardian must sign waiver)

Name and phone number in case of emergency
 today _____

Special Medical Conditions(list) _____

Have you Autocrossed before? _____ Are you an SCCA Member? _____

SCCA # _____ Region of record _____

Competing for Regional Championship? _____

CAR INFORMATION

Make _____ Model _____ Year _____ Color _____

Engine Displacement _____

Modifications _____

Class Entered _____ Car Number _____ 2 Driver Car? _____

Cars must be classified according to the 1997 Solo II rule book. The application of Armorall to tires at the event site is forbidden.

TIMING AND SCORING

F e e P a i d	Run #	Time	Penalties
Release Signed _____	1.	_____.	_____
Tech Inspection _____	2.	_____.	_____
Driver's License _____	3.	_____.	_____
Worked _____	4.	_____.	_____
	5.	_____.	_____
	6.	_____.	_____

Color _____ Class _____