

**2010 ALL-IN-ONE DOUBLE
DRIVER'S SCHOOL**

February 11,12,13,14, 2010
Entry Fee \$425.00

**Entry Fee needs to be sent with a
copy of the entry form.**

No payments at the track!

Late Fee \$100.00 after February 1

Faxed entries will be accepted.

No-Shows: Checks will be shredded.

Returned checks: \$30.00 handling fee.

No credit/debit cards accepted.

No Transponder rentals available.

OFFICIAL ENTRY FORM

Held under the 2010 GCR

Rules



Sanction # **10-DS-892-P**

Sanction # **10-DS-893-P**

**Register on-line at Motorsportsreg.com.
Please print a copy of the entry form,
supplementary regulations, schedule and
study materials.**

Make Checks payable to:

Buccaneer Region SCCA

Mail check to: Karen Drum

13924 Lucia-Riverbend Highway

Mt. Holly NC 28120

Fax # 1-704-827-7373

Days # 1-704-827-7523

Home # 1-704-970-6216 evenings only

7 pm to 9 pm

Email - kdrumregistrar@bellsouth.net

**ALL LINES MUST BE COMPLETE OR ENTRY WILL BE CONSIDERED LATE AND
LATE FEE WILL BE APPLIED AT REGISTRATION.**

Make	Model	Color	Class	Car number desired		
				1 st	2 nd	3 rd

AMB Transponder # _____

Registrar Information. Must be completed by the Driver. Please Print.

Official Use Only

Driver _____ Membership # _____ Group # _____

Address _____ Car # _____

City _____ State _____ Zip _____ Class _____

Day Phone _____ Night Phone _____ Postmark _____

Region _____ Novice Permit Expires _____ Fee Rec'd _____

Entrant _____ Membership # _____ Check # _____

E- Mail _____

Emergency Contact _____ Phone _____

Address _____ City _____ State _____ Zip _____

Crew Members 1 _____ 2 _____

3 _____ 4 _____

I agree to enter under the current General Competition Rules of the Sports Car Club of America and under the Supplementary Regulations pertaining to the event. I further confirm that the car I have entered complies with all the GCR requirements for the class, category, and race in which it is entered.

Driver Signature _____ **Entrant Signature** _____

Timing and Scoring Information.

Must be completed by the Driver. Please Print.

Official Use Only

Driver _____ AMB Transponder # _____ Group # _____

Address _____ Car # _____

City _____ State _____ Zip _____ Class _____

Membership # _____ Phone _____ Region _____ Group _____

Car Class _____ Make _____ Model _____ Color _____ AMB # _____