


<b>CHATTANOOGA REGION SCCA</b> <b>Club Racing</b> <b>Practice Day</b> <b>August 31, 2007</b> <b>Nashville SuperSpeedway</b> <b>Sanction No. 07-PD-13-P</b>		 <b>Chattanooga Region</b> <b>Sports Car Club of America</b>	
<b>SCCA TEST DAY – August 31, 2007</b>		<b>Held under the SCCA General Competition Rules.</b>	
<b>PRIMARY DRIVER INFORMATION</b>			
Name:		Phone:	
Address:		Email:	
City/State/Zip:		Region:	
Membership #	Exp:	Emergency Contact:	
License #	Exp:	Emergency Phone No: At Track: Yes _____ No _____	
<b>SECONDARY DRIVER INFORMATION</b>			
Name:		Phone:	
Address:		Email:	
City/State/Zip:		Region:	
Membership #	Exp:	Emergency Contact: At Track: Yes _____ No _____	
License #	Exp:	Emergency Phone No:	
<b>ENTRANT INFORMATION</b>			
Name:		Phone:	
Address:		Email:	
City/State/Zip:		Region:	
Membership #:	Exp:		
<b>CAR INFORMATION</b>			
Year:	Class:	Car #:	
Make:	Model:	Color:	

**OFFICIAL ENTRY FORM**

Entry Fee as (Check one):

\_\_\_\_\_ Full Day: \$175

\_\_\_\_\_ Half Day: \$100

Second Driver: \_\_\_\_\_ \$25

Print this form and send with entry fee (check payable to CR SCCA) to:

Registrar, Nashville SuperSpeedway Test Day  
11703 Rivergate Bay Lane  
Soddy Daisy, TN 37379

Garage Rental: Garage Rental for Thursday night and Friday is \$20 minimum. 100% of these funds will be used to help offset worker expenses. Should a racer wish to support the Practice Day workers in excess of this \$20, we will be glad to accept additional funds for benefits of the workers.

Garage space must be vacated by 5:30 PM Friday unless rented for the weekend from the Atlanta Region.

Garage Rental: \_\_\_\_\_

Signing below confirms that you agree to compete under the current Test Day Rules, General Competition Rules of the SCCA and the Supplemental Regulations pertaining to this event, and further confirm that the car entered complies with all requirements as listed in the applicable specifications for the class category entered:

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Driver's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Entrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use:

Entry: \$ \_\_\_\_\_

Transponder \_\_\_\_\_

Check # \_\_\_\_\_

Number \_\_\_\_\_

Worker \_\_\_\_\_

<b>PRIMARY MEDICAL INFORMATION</b>	
Name:	Car #:
Date of Birth:	Class of Car:
Date of Last Tetanus Shot:	Blood Type:
Allergies:	
Special Conditions or Current Medications:	
Emergency Contact:	
Emergency Phone No:	
Is the Emergency Contact at the track: Yes _____ No _____	

<b>SECONDARY DRIVER MEDICAL INFORMATION</b>	
Name:	Car #:
Date of Birth:	Class of Car:
Date of Last Tetanus Shot:	Blood Type:
Allergies:	
Special Conditions or Current Medications:	
Emergency Contact:	
Emergency Phone No:	
Is the Emergency Contact at the track: Yes _____ No _____	