

SCCA EVENT SIGN IN

Date: _____

Name: _____

Car Class _____ Car #: _____

Rookie: Y/N _____

Co Driver on car: Y/N _____ If yes name of co-driver _____

Payment by: cash/check (circle one)

Please fill out data above the line

Paid \$ _____

Sign Waiver/ Give Wristband

Minor Release form

Verify Drivers License

Weekend Member Yes/No

Entered in Computer

SAE Yes/No