

EVENT INFO	PLEASE CHECK ALL THAT APPLY	Portland Rose Festival Foundation ROSE CUP RACES Presented by Temp Control Mechanical Official Oregon Region SCCA Entry Form	ORGANIZER USE ONLY GROUP # _____ CAR # _____ CLASS _____
	<input type="checkbox"/> Regional or Vintage <input type="checkbox"/> National or Double Natl <input type="checkbox"/> Regional/National Combo <input type="checkbox"/> Double Reg or Vintage <input type="checkbox"/> Second Entry	This event is sanctioned by the SPORTS CAR CLUB Of AMERICA, Inc. and is organized and operated By the OREGON REGION and held under the 2009 SCCA General Competition Rules.	OREGON REGION REGISTRAR 4800 SW Macadam Ave • Suite 110 Portland, OR 97239 (503) 224-9469 • FAX (503) 224-9542 www.oregonscca.com
	Date: JUNE 12-14, 2009 Sanction #: Event: ROSE CUP		

Class:	Car Make:	Model:	Color:	POSTMARKED _____ RECEIVED _____ DATE NOTIFIED _____		
Car No. Desired:	1 st :	2 nd :	3 rd :		Year:	Transponder #:
1 or 2 digit numbers ONLY			Transponder Number Needed on ALL Entries			
Driver's Name:		SCCA Membership No.:				
Address:			Region of Record:			
City:		State:	Zip:			
Best Phone to Reach You: ()		Other Phone: ()				
Sponsor:						
License Grade: <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Pro <input type="checkbox"/> Vintage <input type="checkbox"/> ICSCC <input type="checkbox"/> Other:						

ENTRANT: Complete only if other than driver			
Entrant's Name:	SCCA Membership No.:	Region of Record:	
Address:	City:	State:	Zip:

Entry Fees for 2009 Rose Cup Event			
Regional/Vintage	Early Entry (10 Days prior to Event)	Less than 10 Days or At Track	
Double Regional/Vintage			\$380
Second Entry: Same Driver/Same Car			\$510
Second Entry: Same Driver/Different Car			\$195
National			\$225
			\$250
			n/a
			n/a

It is hereby understood and agreed that the undersigned and the car described here are to appear at the above race meet to compete under the General Competition Rules of the Sports Car Club of America and Supplementary Regulations pertaining to such event. I certify that my car complies with the SCCA regulations pertaining to such. 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 unto the Sponsor and the Club the use of my name and photographs of myself and my car for publicity and promotional purposes.			FEE RECEIVED ENTRY \$ _____ COMPL FEE \$ _____ WORKER \$ _____ (optional) TOTAL \$ _____
Driver Signature:		Date:	
Entrant Signature: (If other than Driver)		Date:	
Drivers E-mail address:			
Emergency Contact			

PAYMENT INFORMATION: Credit Card Check Cash (Do not send cash by mail)

Credit Card Information	Mandatory Compliance Fee SRF, SM, FE \$10/Sanction	\$	CASH \$ _____ CHECK \$ _____ CHECK # _____ VISA/MC \$ _____ ENTRY # _____
Full Card Number:			
Expiration Date:	Entry Fee	\$	
Card Holder Name:	Worker Donation (Optional)	\$	
Card Holder Signature:			
Card Holder Billing Address:			
	Total Fees	\$	