

<b>EVENT INFO</b>	PLEASE CHECK ALL THAT APPLY	<b>Portland Rose Festival Foundation</b> <b>ROSE CUP RACES</b> <b>Presented by Temp Control Mechanical</b> <b>Official Oregon Region SCCA Entry Form</b>	<b>ORGANIZER USE ONLY</b>  GROUP # _____  CAR # _____  CLASS _____
	<input type="checkbox"/> Double Regional or Vintage <input type="checkbox"/> Single Regional <input type="checkbox"/> Rose Cup Race (Group 3) <input type="checkbox"/> Second Entry	This event is sanctioned by the <b>SPORTS CAR CLUB Of AMERICA, Inc.</b> and is organized and operated by the <b>OREGON REGION SCCA</b> and held under the <b>2010 SCCA General Competition Rules.</b>	
	Date: June 11-13, 2010 Sanction #: Event: ROSE CUP	<b>OREGON REGION REGISTRAR</b> <b>4800 SW Macadam Ave • Suite 110</b> <b>Portland, OR 97239</b> <b>(503) 224-9469 • FAX (503) 224-9542</b> <b>www.oregonscca.com</b>	

Class:	Car Make:	Model:	Color:	POSTMARKED _____  RECEIVED _____  DATE NOTIFIED _____		
Car No. Desired:	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :		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:						

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

Entry Fees for 2010 Rose Cup Event			
	Early Entry (10 Days prior to Event)	Less than 10 Days or At Track	
Single Regional/Vintage	\$350	\$380	
Double Regional/Vintage	\$480	\$510	
Second Entry: Same Driver/Same Car	\$195	\$225	
Second Entry: Same Driver/Different Car	\$220	\$250	
Rose Cup Race (Group 3)	\$480	\$510	

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.			<b>FEE RECEIVED</b> 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, FE \$10 per 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:			
	<b>Total Fees</b>	\$	