

OVR OHIO VALLEY SPRINTS ENTRY FORM

MID-OHIO SPORTS CAR COURSE ■ LEXINGTON, OHIO ■ August 10 & 11, 2024

Sanction Number: 24-R-61786		Make check/money order payable to: OVR/SCCA, Inc. Peggy Dietz, Registrar 2165 Stony Hill Road, Hinckley, OH 44233-9508 Registrar's phone: 330-460-6706 (6-10 PM EDT only) Registrar's e-mail: pdietzscca@gmail.com	
Held under the SCCA 2024 General Competition Rules			
OVR Ohio Valley Sprints Double Regional			
Online entries close Friday, August 2, 2024			
Entry Fee – 2 Days, 1 Class	<input type="checkbox"/> \$500.00		
Entry Fee – 2 Days, 2 Classes	<input type="checkbox"/> \$650.00		
Entry Fee – 2 Days, 2 Cars, 2 Classes	<input type="checkbox"/> \$750.00		
Entry Fee - 1 Day: <input type="checkbox"/> Aug 10 <input type="checkbox"/> Aug 11	<input type="checkbox"/> \$350.00		
Mandatory SCCA Fee: SRF, SRF3, FE, FE2	<input type="checkbox"/> \$30.00		
Extra Crew: <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 @ \$10.00 Each	<input type="checkbox"/>		
Late Entry Fee:	<input type="checkbox"/> \$75.00	Credit Card Number: (Do not use if entering on motorsportreg.com) (Discover, Visa, MasterCard) Name on Credit Card:	
Garage Rental – Please Contact the Registrar	<input type="checkbox"/> \$200.00		
HP Invitational Compliance Fee (Please pay directly to Jason Stine in Advance or At the Track.)	\$30.00	Expires:	3 Digit Code:
HP Invitational Non HPNPC Member Fee (Please pay directly to Jason Stine in Advance or At the Track.)	\$30.00	Signature:	
Sports 2000 – North America (S2-NA.) Membership Fee (Pay directly to Randall Hartman.)	\$100.00		
TOTAL:	\$		

Make: _____ Model: _____ Color: _____ Class: _____	Official Use Only
Number Desired: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____	Race No.
Driver's Name: _____ Phone: _____ Address: _____ Email: _____	Car No.
City, St, Zip: _____ Date of Birth: _____ Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No (See Supps for Requirements)	Class
Comp. License No.: _____ Grade: _____ Region of Record: _____ Expires: _____ Medical expires: _____	Postmark
Transponder #ID: _____ Member Number: _____	Fee Rec'd
Entrant's Name: _____ Entrant's Member No.: _____	Check No.
Crew #1. (free) _____ Crew #4. (\$10.00) _____ Crew #2. (free) _____ Crew #5. (\$10.00) _____ Crew #3. (free) _____ Crew #6. (\$10.00) _____	Cash
In the case of emergency, notify: Name: _____ Phone: _____ Address: _____ At Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to enter this event under the current General Competition Rules of the Sports Car Club of America and the Supplemental Regulations pertaining to this event. I further confirm that the car which I have entered complies with all requirements as specified in the GCR for the Class, Category, and Race in which it is entered above.	
Signatures: Driver: _____ Entrant/Owner: _____ Date: _____	
MANDATORY TIMING AND SCORING INFORMATION - DRIVER MUST COMPLETE Class: _____ Make: _____ Model: _____ Color: _____ Transponder #ID: _____ Member No.: _____ Region of Record: _____ Driver's Name: _____ Hometown: _____ State: _____ Sponsors: _____ Sat.: <input type="checkbox"/> Sun.: <input type="checkbox"/> Both: <input type="checkbox"/>	Race No.
	Car No.
	Class