

Mississippi Region SCCA

Sports Car Club of America Region #73 Event Registration/Tech Form <http://www.msscca.org>

Event: _____ Date: _____

Registration Information

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Driver's License #: _____ State: _____ Expires: _____

SCCA Member? Yes: No: Membership #: _____ Region: _____

E-Mail: _____ Add to email list if not already a member? Yes: No:

Autocross experience: Six events or less: More than six events:

One Day: Two Day:

Automobile Information

Car Number: _____ Class: _____ (Number/Class must be clearly marked on car)

Car Make & Model: _____ Color: _____

Open Tire: Street Tire:

of Drivers this Event: _____ Co-Driver Name: _____ (Each Driver must complete a Registration Form)

Section below to be filled out by MS Region SCCA event officials:

Amount Paid: _____ Received by: _____

_____ Seat Belts/Mounting

_____ Roll Bar (if applicable)

_____ Removable Tops/Panels

_____ Brakes/Fluid/Pedal

_____ Battery Firmly Mounted

_____ Fluid Leaks

_____ Muffler/Exhaust

_____ Loose Items Removed from Car

_____ Front Suspension/Steering/Wheel Bearings

_____ Throttle Return/Belts/Accessories

_____ Tires/Tread/Pressure/Treadwear

_____ Wheels/Hubcaps/Lugnuts

_____ Number/Class marked on Car

_____ Helmet (Snell M2005/SA2005 or newer)

Inspected By: _____