



Milwaukee and Blackhawk Valley Regions
Double Divisional July 5-6, 2025
Blackhawk Farms Raceway, Rockton, IL
Sanction #: 25-R-64068



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Online registration CLOSES July 1, 2025

	Standard	SRF/SRF3 /FE/FE2	2nd Class	2nd Class Compliance Fee
Saturday	<input type="checkbox"/> \$350	<input type="checkbox"/> \$380	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280
Sunday	<input type="checkbox"/> \$350	<input type="checkbox"/> \$380	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280
Both Days	<input type="checkbox"/> \$575	<input type="checkbox"/> \$605	<input type="checkbox"/> \$500	<input type="checkbox"/> \$530

Online Registration is available at msreg.com/firecracker2025

If you pre-enter and do not cancel your entry through motorsportsreg.com or by notifying the Chief Registrar by 3:00 PM on Sunday, July 6, you will be charged a \$50 cancellation fee. A refund will be made if the entry does not touch the pit lane and/or track. Withdrawal notifications are accepted by email, phone, text, or in person to the Chief Registrar or via MotorsportReg.com and would be greatly appreciated in advance of the event when possible.

This event will be held under the current SCCA General Competition Rules and amendments except as modified by the Supplemental Regulations for this racing event. A separate entry form must be filled out for each car, driver and race entered.

PLEASE PRINT CLEARLY IN BLACK INK ONLY!

DRIVER INFO

I hereby agree that the car and driver, as described below, are to appear at this Race Meet to compete under the current General Competition Rules and amendments of the Sports Car Club of America, INC. and the Supplemental Regulations of this event. I affirm that the car entered complies with all requirements for the class and category in which it is entered and that all the information provided on this entry form is valid on this date.

DRIVER SIGNATURE _____ DATE _____

NAME (PRINT LEGIBLY) _____ Date of birth _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

REGION OF RECORD _____ MEMB # _____ EXP DATE _____

E-MAIL _____ WE WILL USE E-MAIL WHENEVER POSSIBLE

PHONE HOME () _____ WORK() _____ CELL() _____

ENTRANT Only if different from driver. Must be an SCCA member not a corporation.

Name _____ Signature _____ Memb # _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

CAR INFO

TRANSPONDER # _____ MUST HAVE THIS # (CAN WE READ IT?) _____

CAR MAKE _____ MODEL _____ COLOR _____ CLASS _____

NUMBER CHOICES _____ FIRST _____ SECOND _____ THIRD (PLEASE GIVE 3 CHOICES)

SPONSOR - 30 SPACES INCLUDING PUNCTUATION

CREW (ONLY THE DRIVER OR ENTRANT MAY CHANGE CREW LIST)

1.FREE _____	4. PAY _____	\$10
2.FREE _____	5. PAY _____	\$10
3.FREE _____	6. PAY _____	\$10

EMERGENCY CONTACT INFO

Primary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

Secondary Contact _____ At track? Y / N

Phone # _____ Alt Phone _____

PAYMENT INFO

Race Fee	\$ _____	(MAKE CHECK PAYABLE TO Milwaukee Region SCCA) CHECK NO. _____
Optional Worker Fund Contribution	+ _____	
Late Fee	+ _____	
Total	\$ _____	