



**Milwaukee Regions**  
**Wisconsin Grand Prix May 14-15, 2022**  
**Milwaukee Mile**  
 Sanction #: 22-TD-58267- & 22-R-58268

MAIL TO: Kathy Beigel  
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 Sheboygan WI 53083-4716  
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	Standard	SRF/SRF3 /FE/FE2	2nd Class	2nd Class Compliance Fee
Test Day	<input type="checkbox"/> \$300		<input type="checkbox"/> \$300	
Saturday	<input type="checkbox"/> \$300	<input type="checkbox"/> \$330	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255
Sunday	<input type="checkbox"/> \$300	<input type="checkbox"/> \$330	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255
Both Days	<input type="checkbox"/> \$525	<input type="checkbox"/> \$555	<input type="checkbox"/> \$375	<input type="checkbox"/> \$405

Online registration CLOSSES May 11

Online Registration is available at [msreg.com/WGP2022](http://msreg.com/WGP2022)

This event will be held under the current SCCA General Competition Rules and amendments except as modified by the Supplementary 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 Supplementary 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 \$ \_\_\_\_\_

Optional Worker Fund Contribution + \_\_\_\_\_ (MAKE CHECK PAYABLE TO Milwaukee Region SCCA)

Late Fee + \_\_\_\_\_

Total \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_