



Car/ Driver Challenge Series Registration Form

Please complete form and date. Mail completed application form to the Championship office.

North-Atlantic Production Car Challenge

Attention: Jay R. Creel
54 Atherton Terrace
Plainville, CT 06062

Car Number: _____ **Logbook Number:** _____

Vehicle Make: _____ **Vehicle Model:** _____

Class Designation: _____ **Transponder Number:** _____

Driver Name: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Phone:** _____

Email: _____ **Member #:** _____

I am familiar with the SCCA General Competition Rules and my vehicle is in compliance per the GCR and PCS/ GTCS and I agree to abide by and be bound by these rules and regulations. I further agree to participate in the North-Atlantic Production Car Challenge and display the required series decals on my vehicle. By participating in the North-Atlantic Production Car Challenge, I authorize the challenge series to produce photographs and other media to promote the series. All reproductions will be available for review prior to use on the series web-site or prior to submission to the SCCA, NEDIV or other regional web-sites or publications. I also agree to pay the required series registration fee of \$100 plus \$10 per event for each event I participate. I also understand that the registration fees will be held by the New England Region (NER) treasurer and will be used solely and exclusively to operate, promote and develop the North-Atlantic Production Car Challenge Series. As a series participant, I have the right to request from the series administrator a copy of the registration fee schedule and monthly expenditures.

PLEASE SIGN IN THE SPACE BELOW

Driver: _____ **Date:** _____

Official Use Only

Issue Date: November 2007

Date Rec'd:

Series Registration Fee \$100.00 plus \$10 per event

Make Checks payable to: **New England Region, SCCA**

54 Atherton Terrace Plainville, CT 06062