

CLASS



BEST TIME

MICHIGAN SPORTS CAR CLUB

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE CO: _____ CAR LIC # _____

CLUB AFFILIATION: _____ DCSCC: YES NO

CAR MAKE: _____ MODEL: _____ YR: _____

TIME	1 ST RUN	2 ND RUN	3 RD RUN	4 TH RUN	5 TH RUN	CAR NUMBER
ACTUAL						
PENALTIES						
EXTRA						
TOTAL						

TECHNICAL DATA

COLOR: _____ ENG. DISP: _____ HP: _____

TIRE SIZE: _____ BASIC DCSCC CLASS: _____

LIST ALL MODIFICATIONS: _____

E-MAIL ADDRESS: _____

I certify that the above is true to the best of my knowledge. I and my heirs release MSCC, their sponsors, and all officials of any and all liability arising from my participation in this event.

DRIVER'S SIGNATURE: _____ DATE: _____

FOR REGISTRATION USE	
Driver's License _____	Trophy or Discount * _____
Proof of Insur. _____	ENTRY
Registration _____	FEE _____

TECH INSPECTION STAMP		
Brakes _____	Tires _____	Susp. _____
Steering _____	Helmet: own _____ club's _____	
INSPECTOR'S INITIALS _____		

* Discount choice = Entry Fee for class winners, other trophy positions are eligible for \$10.00 credit toward entry fee. All DCSCC champ events include a council surcharge.