



REGISTRATION FORM  
SPORTS CAR CLUB OF AMERICA  
SOUTHERN WEST VIRGINIA REGION, INC.

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CLASS NO.

EVENT DATE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

MAKE & MODEL CAR \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_ PHONE \_\_\_\_\_

SCCA MEMBER? \_\_\_\_\_ REGION \_\_\_\_\_ OTHER CLUB? \_\_\_\_\_

IS THIS YOUR FIRST AUTOCROSS? \_\_\_\_\_

I agree to abide by the SCCA Solo II Rules as modified by the supplemental regulations

SIGNED \_\_\_\_\_

FEE \_\_\_\_\_ REGISTERED BY \_\_\_\_\_

EVENT DATE \_\_\_\_\_

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CLASS NO.

NAME \_\_\_\_\_

MAKE CAR \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

ENGINE DISPLACEMENT \_\_\_\_\_ NO. OF CYLINDERS \_\_\_\_\_

COLOR \_\_\_\_\_

FOR TECH INSPECTION USE:

COCKPIT

Loose items -- seats \_\_\_\_\_  
Seat belts \_\_\_\_\_  
Steering wheel play \_\_\_\_\_  
Brake pedal pressure \_\_\_\_\_

ENGINE COMPARTMENT

Throttle return \_\_\_\_\_  
Brake fluid level \_\_\_\_\_  
Battery secure \_\_\_\_\_  
Excess fluid leaks \_\_\_\_\_

BODY

Panels secure \_\_\_\_\_  
Top down \_\_\_\_\_  
Exhaust exit \_\_\_\_\_  
Muffler \_\_\_\_\_

SUSPENSION

OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEELS & TIRES

Hubcaps / trim rings \_\_\_\_\_  
Lugs / spokes / cracks \_\_\_\_\_  
Tires -- cracks / cord \_\_\_\_\_

APPROVED, CHIEF TECH INSPECTOR

\_\_\_\_\_