

NAME (PLEASE PRINT CLEARLY)	CAR NUMBER	CLASS
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SCCA RallyCrossSM

REGISTRATION INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

SCCA MEMBER NUMBER _____ DL# _____

MAKE _____ MODEL _____ YEAR _____

VEHICLE OWNER _____ OWNER SIGNATURE _____

HOW DID YOU HEAR ABOUT US? _____

TECH AND SAFETY INSPECTION

- Loose items removed.
- Snap-on hub caps, and other detachable accessories removed.
- Lug nuts tight, none missing.
- Tires in good condition. (no cords or belts showing, cracks, etc.)
- Seat belt(s) present and properly attached.
- Positive throttle return.
- No excessive leaks. (engine running)
- No "spinner knobs".
- Brakes in proper working order. (pedal height, leads, fluid level)
- Wheel bearings, shocks, steering, and suspension in good working order.
- Battery tightly secured (batteries in non OEM locations must meet SCCA PerformanceRally specs)
- Snell M85/A85 or better helmet
- Rollcages strongly recommended. (SCCA PerformanceRally spec)
- Signed the waiver, band, or stamp
- Passed sound check
- PASS FAIL INSPECTOR SIGN _____

NOTES: _____



SCCA Land O' Lakes Bloomington Subaru RallyCross Series

PAYMENT		
TYPE	AMOUNT	INITIAL