



# 2020 EVENT CREDENTIAL APPLICATION

SCCA Registration Fee: \$50, includes SCCA Membership

## Crew Member Information

Name:			
Cell #:		Email:	
DOB:		Team and/or Affiliation:	
Street Address:			
City, State, Zip:			
Emergency Contact Name:		Emergency Contact Phone:	
Event:			

## Acknowledgement/Disclaimers:

By signing, the Applicant agrees to permit the SCCA Pro Racing and its assigns (including, but not limited to, subsidiaries, series sponsors, promoters/organizers of the Event), free of any charges, duties or fees, to use, license, reproduce, have reproduced, show, have shown, without limitation in space or time, all drawings, soundtracks, photographs, trademarks, films/video pictures concerning competitors, their drivers, teams or cars involved in the event(s) on any medium whatsoever for any documents, reports, coverage, broadcast, program, publication, video game or model production, software, etc. whether past, present or future. The Applicant further acknowledges and agrees that SCCA Pro Racing may freely assign or License its rights to a third party.

I hereby certify that the information above is correct. I realize any falsification may result in the loss of a discount and/or membership. By accepting membership in the SCCA, I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment. By signing below, I am agreeing to become a of SCCA on the terms stated, and subject to the terms and conditions contained in the documents referenced, above.

Crew Member Signature:		Date:	
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## Payment Authorization Information

By providing the information below and signing your name, you authorize SCCA Pro Racing to charge your credit card \$50 for an F4 U.S./FR Americas Event Credential including the SCCA Membership fee.

Name on Card:		Zip Code:		Phone:	
Card Number:		Exp. Date:		CCV:	
Signature:				Date:	

Please send the form and a head shot photo to: [f4registrar@sccapro.com](mailto:f4registrar@sccapro.com)

You can collect your event credential at registration after signing the SCCA Event waiver.