Mail form with check to EESCC, P.O. Box 1204, Eugene, OR 97440.
Or fill out form electronically and pay with PayPal via the EESCC website.
(www.EESCC.org)

Class_____ Car #_____

EESCC AUTOCROSS SEASON REGISTRATION FORM

PLEASE PRINT LEGIBLY

Name _____Age_____Dr. License #_____

Address _____ City_____

State_____Zip _____E-Mail Address: _____

How would you like to receive the EESCC newsletters? Email: ____ USPS: _____

Phone # _____CAR: Year_____Model_____Color_____

	Total Paid
Membership: $15.00 single, $25.00 family	_____
ICEBREAKER: $30.00 nonmember, $25 member	_____
Prepaid 2006 series, (See FEE SHEET)	_____
PayPal processing fee, (See FEE SHEET)	_____
Total:	**$_____**

EESCC USE ONLY

Event	Date	Entry Fee	Donation	Dues	Other Sales
		:			
		:			
		:			
		:			
		:			
		:			
		:			
		:			
		:			
		:			