Mail 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 $25.00 nonmember, $20 member	_____
Prepaid 2007 series, (SEE FEE SHEET)	_____
Paypal users fee, (SEE FEE SHEET)	_____

Please Note: There are NO refunds for any events that you prepaid.

Total $_____

EESCC USE ONLY

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