



REGISTRATION FORM



Madison Sports Car Club Autocross School

May 21, 2017

Jefferson Speedway
Cambridge, WI

Name _____

Address _____

City _____ State _____ ZIP _____

Phone # (_____) _____ - _____

Car Number (will be assigned at check-in) _____ Class _____

Car Year _____ Car Make _____

Car Model _____ Car Color _____

Cost **\$30.00** Please enclose your check payable to **MSCC** and mail to: **Jason Campbell, Registrar**
711 E High Street
Milton, WI 53563-1547