

California Sports Car Club

San Diego Region, SCCA

Entry Form

Event: San Diego National Cal Club Double Restricted Regional	Date: July 30-31, 05	Late Entry Deadline: July 23, 05	Sanction #s: 05-N-43-S 05-RS-125-S 05-RS-252-S	Track / Location: California Speedway
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National Regional Saturday Only Regional Sunday Only Regional Saturday and Sunday

Log Book ID	Make	Model	Year	Color	Class	Car Number Choices		
						1st	2nd	3rd

Transponder # - Required	E-mail	Registrar Use Only
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Driver's Name (Please print legibly)	Daytime Phone	Run Group
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Address	Evening	Car #
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City	State	Zip Code	Fax	Class
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Membership Number	Expiration Date	License Grade <input type="checkbox"/> Reg <input type="checkbox"/> Nat <input type="checkbox"/> Dual <input type="checkbox"/> FIA <input type="checkbox"/> Novice	Member/License OK
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Region of Record	Cal Club Associate or Lifetime Member? Yes No	If Renting, From Whom?	Tech Card Given?
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Entrant (if different than driver) Name Address City, State, Zip	Entrant Member # AND Expiration Date	Waiver Signed?
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Sponsor(s)	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
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In Emergency, notify?	Phone	At Track? Yes No	Total Paid
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CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.) <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CASH CARD # _____ EXPIRATION DATE: _____	ADD WORKER DONATION OF \$ _____	\$ _____ Registrar Initials
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It is agreed that the entry, if accepted, shall be a contract between the Driver/Entrant & the SCCA/California Sports Car Club Region under which the above car & driver will take part in the competition described, unless prevented by force beyond control of the Driver/Entrant. This event will be conducted under the SCCA 2005 General Competition Rules & California Sports Car Club 2005 Supplementary Regulations and the Entrant & Driver agree to abide by these rules. All participants must sign a release agreement at Registration before entering the track facility.

DRIVER SIGNATURE _____ ENTRANT SIGNATURE _____

	Entry Fees:	SRF/FSCCA/SCCASR Fees:	Late Fees:	Total Fees:	PLEASE SEND ENTRY TO: Cal Club Registrar California Sports Car Club 18202 Cal Club Drive Buttonwillow, CA 93206 Phone: 661.764.5945 Fax: 661.764.5944 E-Mail: Registration@calclub.com Call Club Office for garage rental \$100 per space, \$200/door
Single Regional	\$240	\$ 10	\$40	\$ _____	
Double Regional	\$320	\$ 20	\$40	\$ _____	
National	\$250	\$10	\$40	\$ _____	
Nat./Double Reg.	\$420	\$30	\$40	\$ _____	
Test day	\$200 full	\$125 half day		\$ _____	
Garage	\$100 for half	\$200/Door		\$ _____	
			TOTAL	\$ _____	

California Sports Car Club San Diego Region, SCCA 2005 Medical Form

Driver Medical Information – Driver must complete ALL questions

Please write legibly

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Driver's Name	Date of Birth	Blood Type	Date of Last Tetanus	Registrar Use Only
Driver's Address, City, State & Zip		Daytime Phone		Run Group
		Evening		Car #
Drug Allergies or Medical Conditions		Illness/Injury from Past 12 months		Class
Current Medications				
Physician's Name		Address		Phone
Yes or No:	Contacts	Dentures	Asthmatic	Diabetic
	Hemophiliac	Heart Problems	Allergies	Organ Donor
In Emergency Notify?		Phone	At Track: Yes No	Religious Preference
I certify that the medical information provided by me is true and accurate.				
Driver's Signature: _____ Date: _____				