



## 2005 Entry Form



<b>Event:</b> Double Regional	<b>Date:</b> March 19-20, 2005	<b>Late Entry Deadline:</b> March 4, 2005	<b>Sanction #s:</b> 05-RS-120-S 05-RS-121-S	<b>Track / Location:</b> Buttonwillow Raceway
<input type="checkbox"/> Practice <input type="checkbox"/> Saturday Only <input type="checkbox"/> Sunday Only <input type="checkbox"/> Saturday and Sunday				

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

<b>Transponder # - Required</b>				E-mail		<b>Registrar Use Only</b>	
<b>Driver's Name</b> (Please print legibly)				Daytime Phone		Run Group	
Address				Evening		Car #	
City			State	Zip Code		Class	
<b>Membership Number</b>			<b>Expiration Date</b>		<b>License Grade</b>		Member/License OK
					<input type="checkbox"/> Reg <input type="checkbox"/> Nat <input type="checkbox"/> Dual <input type="checkbox"/> FIA <input type="checkbox"/> Novice		
Region of Record		Cal Club Associate or Lifetime Member?		If Renting, From Whom?			Tech Card Given?
		Yes No					

<b>Entrant</b> ( if different than driver )			Entrant Member # AND Expiration Date		Waiver Signed?	
Name						
Address					Payment Type:	
City, State, Zip					<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Sponsor(s)						

<b>In Emergency, notify?</b>			Phone		At Track? Yes No		Total Paid
							\$ _____
<b>CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)</b> <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CASH							<b>ADD WORKER DONATION OF</b> \$ _____ Registrar Initials
<b>CARD #</b> _____ <b>EXPIRATION DATE:</b> _____							

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:	<b>PLEASE SEND ENTRY TO:</b>
Single Regional	\$ 210	\$ 10	\$ 40	\$ _____	
Double Regional	\$ 300	\$ 20	\$ 40	\$ _____	



## 2005 Medical Form



### Driver Medical Information – Driver must complete ALL questions

Please write legibly

<b>Event:</b> Double Regional	<b>Date:</b> March 19-20, 2005	<b>Sanction #s:</b> 05-RS-120-S 05-RS-121-S	<b>Track / Location:</b> Buttonwillow Raceway Park
----------------------------------	--------------------------------------	---------------------------------------------------	-------------------------------------------------------

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	Epileptic
	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: _____					