



2005 Entry Form



Event: Double Regional	Date: May 21-22	Late Entry Deadline: May 6, 2005	Sanction #s: 05-RS-122-S 05-RS-123-S		Track / Location: Buttonwillow Raceway			
<input type="checkbox"/> Practice <input type="checkbox"/> Saturday Only <input type="checkbox"/> Sunday Only <input type="checkbox"/> Saturday and Sunday								
Log Book ID	Make	Model	Year	Color	Class	Car Number Choices		
						1st	2nd	3rd
Transponder # - Required					E-mail		Registrar Use Only	
Driver's Name (Please print legibly)					Daytime Phone		Run Group	
Address					Evening		Car #	
City			State	Zip Code		Fax		Class
Membership Number			Expiration Date		License Grade			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? Yes No			If Renting, From Whom?			Tech Card Given?
Entrant (if different than driver)					Entrant Member # AND Expiration Date			Waiver Signed?
Name								Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Address								
City, State, Zip								
Sponsor(s)								
In Emergency, notify?					Phone		At Track? Yes No	
CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)								ADD WORKER DONATION OF \$ _____ Registrar Initials
CHECK		VISA		MASTERCARD		CASH		
CARD # _____					EXPIRATION DATE: _____			
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			
Single Regional	\$210	\$ 10	\$40	\$ _____				
Double Regional	\$300	\$20	\$40	\$ _____				



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
Epileptic				
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: _____				