

California Sports Car Club Entry Form

Event: Cal Club Double Regional GT Blast/Pacific Formula 2000	Date: Sept 3-4, 2005	Late Entry Deadline: August 27, 2005	Sanction #s: 05-RS-126-S 05-RS-127-S	Track / Location: Buttonwillow Raceway Park
<input type="checkbox"/> National <input type="checkbox"/> Regional Saturday Only <input type="checkbox"/> Regional Sunday Only <input type="checkbox"/> Regional Saturday and Sunday				

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

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?
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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	Total Paid
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CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)				ADD WORKER DONATION OF \$ _____	Registrar Initials
REGISTRATION.)	CHECK	VISA	MASTERCARD		
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: calclubgm@aol.com
Single Regional	\$210	\$10	\$40	\$ _____	
Double Regional	\$300	\$20	\$40	\$ _____	
Worker Donation				\$ _____	
			TOTAL	\$ _____	

California Sports Car Club 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: _____				

Please NOTE: All fields must be filled out completely for an entry to be accepted