

California Sports Car Club Entry Form

Event: Cal Club Double National	Date: April 21-23, 2006	Late Entry Deadline: April 14, 2006	Sanction #s: 06-N-46-S 06-N-47-S	Track / Location: Buttonwillow Raceway Park
<input type="checkbox"/> National <input type="checkbox"/> Restricted Regional <input type="checkbox"/> Regional/National <input type="checkbox"/> Driving School				

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)		Total Paid

In Emergency, notify?	Phone	At Track? Yes No	\$ _____
CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)			Registrar Initials
CARD #	CHECK	VISA	
	CASH	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 2006 General Competition Rules & California Sports Car Club 2006 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:
National	\$ 250	\$ 10	\$ 40	\$ _____	
Double National	\$ 350	\$ 20	\$ 40	\$ _____	
				\$ _____	
			Worker Donation	\$ _____	
			TOTAL	\$ _____	

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

California Sports Car Club 2006 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: _____				

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