California Sports Car Club
Entry Form

Event:	Date:	Late Entry Deadline:	Sanction #s:	Track / Location:
San Diego National/Cal Club Restricted Regional	February 25-26, 2006	February 18, 2006	06-N-69-S 06-RS-150-S 06-DS-24-S	**Willow Springs International Raceway**

☐ National ☐ Restricted Regional ☐ Regional/National ☐ Driving School

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** ☐ Reg ☐ Nat ☐ Dual ☐ FIA ☐ Novice		Member/License OK
Region of Record	Cal Club Associate or Lifetime Member? Yes No	If Renting, From Whom?		Tech Card Given?
Entrant (if different than driver) Name Address City, State, Zip		Entrant Member # **AND** Expiration Date		Waiver Signed?
Sponsor(s)				Payment Type: ☐ Cash ☐ Check ☐ Credit Card
In Emergency, notify?		Phone	At Track? Yes No	Total Paid $_____
CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.) CHECK VISA MASTERCARD CASH **CARD #** EXPIRATION DATE:				Registrar Initials

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:
Regional	$210	$ 10	$ 40	$_____
National	$250	$ 10	$ 40	$_____
Regional/National	$350	$ 20	$ 40	$_____
Driving School	$420	$ 10	$ 40	$_____
			Worker Donation	$_____
			TOTAL	$_____

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

California Sports Car Club
2005 Medical Form

Driver Medical Information – Driver must complete ALL questions

Please write legibly

Event:	Date:	Sanction #s:	Track / Location:
San Diego National/Cal Club Restricted Regional	**February 25-26, 2006**	**06-N-69-S, 06-RS-150-S, 06-DS-24-S**	Willow Springs Int'l Raceway

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: _____

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