

California Sports Car Club

Entry Form

(Entry Form is not considered complete until all fields are filled)

Event: Cal Club National Regional	Date: January 27-29, 2006	Late Entry Deadline: January 22, 2006	Sanction #s: 06-RS-252-S 06-N-5-S 06-PD-03-S		Track / Location: California Speedway			
<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> National/Regional <input type="checkbox"/> Test Day								
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?
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.)								ADD WORKER DONATION OF \$ _____
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:	PLEASE SEND ENTRY TO: Cal Club Office Manager California Sports Car Club 18202 Cal Club Drive Buttonwillow, CA 93206 Phone: 661.764.5945 Fax: 661.764.5944 E-Mail: calclubgm@aol.com Call Club Office for garage rental \$100 per space, \$200/door
Regional	\$250	\$ 10	\$40	\$ _____	
National	\$300	\$ 10	\$40	\$ _____	
National/Regional	\$400	\$ 20	\$40	\$ _____	
Test Day	\$125 Half Day	(8-12 Friday)		\$ _____	
Garage	\$100 for half	\$200 Door		\$ _____	
Worker Donation				\$ _____	
			TOTAL	\$ _____	

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
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: _____				

A COMPLETE MEDICAL FORM MUST BE FILLED OUT FOR EACH RACE IN ORDER FOR YOUR ENTRY TO BE VALID.