



## Team Entry Form

Buttonwillow Raceway  
November 18-19, 2006

Sanction #: 06-RS-161-S, 06-RS-247-S, 06-RS-248-S

Car Information					
Car Class		Number Choice	1st	2nd	3rd
Make	Model	Year	Color	Class	
AMB TRANSPONDER # (MANDATORY)					
SPONSORS					
1.					
2.					
3.					
4.					

Entrant		
Name	Member #	Exp Date:
Address		
City	State	Zip
Daytime Phone	Fax 3:	

Pit Space Request			
Pit Space Desired	1st	2nd	3rd
Can Share Pit Space With			

Team Members including the Entrant listed above if attending. Indicate DTR with *					
Name	Driver	Crew	Name	Driver	Crew
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		
Team Name					

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 & California Sports Car Club 2006 Enduro 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.

SEND ENTRY TO:  
California Sports Car Club  
18202 Cal Club Dr  
Buttonwillow, CA 93206

Phone: 661 764-5945  
Fax: 661 764-5944  
Email calclubgm@aol.com

Event Date: November 18-19, 2006		Sanction #: TBD		Location: Buttonwillow Raceway Park		<b>California Sports Car Club</b> Region of the Sports Car Club of America <b>ENDURO 2006</b> <b>Entry &amp; Medical Form</b>																				
<input type="checkbox"/> ENDURO																										
Make	Model	Year	Color	Class		Car Number Choices																				
						1 <sup>st</sup>	2 <sup>nd</sup>																			
<b>DRIVER'S NAME</b> (Each driver must submit a separate entry form)		<b>TEAM NAME</b>				Transponder #		<b>Registrar Use Only</b>																		
Address						Daytime Phone																				
City		State		Zip Code		Evening Phone		Group #																		
Membership Number		Expiration Date		Licensing Organization		License Grade <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Pro <input type="checkbox"/> Novice		Car #																		
Region of Record		Associate Memberships – what regions?		If Renting, From Whom?				Member OK																		
<b>Entrant's name</b> (car owner) Address City, State, Zip				Entrant Member # <b>AND</b> Expiration Date				Tech																		
Sponsor(s)							Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card																			
In Emergency, notify?		Phone		At Track? Yes or No																						
Circle Payment Type, Payable at Registration (If paying with a credit card, bring card to registration.) Check    Visa    MasterCard    Cash						<b>ADD WORKER DONATION OF</b> \$ _____		Total Paid \$ _____ Registrar Initials																		
Card # _____ Expiration Date: _____																										
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Driver Signature _____				Entrant Signature _____																						
<b>ENTRY FEES (PER DRIVER)</b> <table border="0"> <tr> <td><b>Regular Rate</b></td> <td><b>Driver</b></td> <td><b>SRF Regular Rate*</b></td> <td><b>Driver*</b></td> <td colspan="5"></td> </tr> <tr> <td><b>\$250</b></td> <td><b>\$100</b></td> <td><b>\$265</b></td> <td><b>\$100</b></td> <td colspan="5"></td> </tr> </table>						<b>Regular Rate</b>	<b>Driver</b>	<b>SRF Regular Rate*</b>	<b>Driver*</b>						<b>\$250</b>	<b>\$100</b>	<b>\$265</b>	<b>\$100</b>						<b>SEND ENTRY TO:</b> <b>California Sports Car Club</b> <b>18202 Cal Club Dr</b> <b>Buttonwillow, CA 93206</b> Phone: 661 764-5945 Fax: 661 764-5944 E-Mail: <a href="mailto:calclubgm@aol.com">calclubgm@aol.com</a>		
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<b>\$250</b>	<b>\$100</b>	<b>\$265</b>	<b>\$100</b>																							

\*Compliance fee included

**Driver Medical Information – Driver must complete ALL questions**

<b>Driver's Name</b>		Date of Birth	Blood Type	Date of Last Tetanus	<b>Registrar Use Only</b>
Driver's Address, City, State & Zip					Group #
Drug Allergies or Medical Conditions			Illness/Injury from Past 12 months		Car #
Current Medications					Class
Physician's Name		Address			Phone
Yes or No:	Contacts Hemophiliac	Dentures Heart Problems	Asthmatic Allergies	Diabetic Organ Donor	Epileptic
In Emergency Notify?			Phone	At Track: Yes or No	Religious Pref.