

California Sports Car Club

Entry Form

S2000

Event: Cal Club Double Regional	Date: November 18-19, 2006	Late Entry Deadline: November 11, 2006	Sanction #s: 06-RS-247-S 06-RS-248-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
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
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.)							\$ _____
REGISTRATION.)		CHECK	VISA	MASTERCARD	CASH		
CARD #		EXPIRATION DATE:					Registrar Initials
<p>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.</p>							
DRIVER SIGNATURE _____				ENTRANT SIGNATURE _____			
	Entry Fees:	SRF/FSCCA/SCCASR Fees:	Late Fees:	Total Fees:	PLEASE SEND ENTRY TO:		
Single Regional	\$210	\$15	\$40	\$ _____	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		
Double Regional	\$300	\$30	\$40	\$ _____			
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: _____				

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