

# California Sports Car Club Entry Form

<b>Event:</b> Cal Club Double Regional	<b>Date:</b> September 30 - October 1, 2006	<b>Late Entry Deadline:</b> September 23, 2006	<b>Sanction #s:</b> 06-RS-209-S 06-RS-210-S	<b>Track / Location:</b> <b>Willow Springs International Raceway</b>				
<input type="checkbox"/> National <input type="checkbox"/> Regional Saturday Only <input type="checkbox"/> Regional Sunday Only <input type="checkbox"/> Regional Saturday and Sunday								
<b>Log Book ID</b>	Make	Model	Year	Color	Class	<b>Car Number Choices</b>		
						1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Transponder # - Required</b>				E-mail		<b>Registrar Use Only</b>		
<b>Driver's Name</b> (Please print legibly)				Daytime Phone		Run Group		
Address				Evening		Car #		
City		State	Zip Code		Fax	Class		
<b>Membership Number</b>		<b>Expiration Date</b>		<b>License Grade</b>		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?		
<b>Entrant</b> ( if different than driver )			Entrant Member # <b>AND</b> Expiration Date			Waiver Signed?		
Name						Payment Type:		
Address						<input type="checkbox"/> Cash		
City, State, Zip						<input type="checkbox"/> Check		
Sponsor(s)						<input type="checkbox"/> Credit Card		
<b>In Emergency, notify?</b>				Phone		At Track? Yes No		
						Total Paid		
						\$ _____		
<b>CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)</b>								
		CHECK	VISA	MASTERCARD	CASH			
<b>CARD #</b>		<b>EXPIRATION DATE:</b>						
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:	<b>PLEASE SEND ENTRY TO:</b>			
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: <a href="mailto:calclubgm@aol.com">calclubgm@aol.com</a>			
Double Regional	\$320	\$ 30	\$40	\$ _____				
			Worker Donation	\$ _____				
			TOTAL	\$ _____				
				\$ _____				

# California Sports Car Club 2006 Medical Form

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

**Please write legibly**

<b>Event:</b> Cal Club Regional Double Regional	<b>Date:</b> Sept 30 – Oct 1, 2006	<b>Sanction #s:</b> 06-RS-209-S 06-RS-210-S	<b>Track / Location:</b> Willow Springs Int'l Raceway
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<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		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**