California Sports Car Club
Entry Form

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

Event:	Date:	Late Entry Deadline:	Sanction #s:	Track / Location:
Cal Club National Regional	January 26-28, 2007	January 23, 2007	07-N-03-S, 07-RS-01-S	California Speedway

☐ National ☐ Regional ☐ National/Regional ☐ Test Day

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:**			**ADD WORKER DONATION OF** $_____	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 2007 General Competition Rules & California Sports Car Club 2007 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	$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	$_____

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

California Sports Car Club
2007 Medical Form

Driver Medical Information – Driver must complete ALL questions

Please write legibly

Event:	**Date:**	**Sanction #s:**	**Track / Location:**
Cal Club National/Regional	**January 26-28, 2007**	**07-N-03-S, 07-RS-01-S**	California Speedway

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: _____

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