

# California Sports Car Club Entry Form

<b>Event:</b> Cal Club Double Regional	<b>Date:</b> March 24-25, 2007	<b>Late Entry Deadline:</b> March 16, 2007	<b>Sanction #s:</b> 07-RS-03-S 07-RS-04-S	<b>Track / Location:</b> <b>Willow Springs Int'l Raceway</b>	
<input type="checkbox"/> National <input type="checkbox"/> Restricted Regional <input type="checkbox"/> Regional/National <input type="checkbox"/> Driving School					
<b>Log Book ID</b>	Make	Model	Year	Color	Class
<b>Car Number Choices</b>					
<div style="display: flex; justify-content: space-around;"> <span>1<sup>st</sup></span> <span>2<sup>nd</sup></span> <span>3<sup>rd</sup></span> </div>					
<b>Transponder # - Required</b>				E-mail	
<b>Driver's Name</b> (Please print legibly)				Daytime Phone	
Address				Evening	
City		State	Zip Code	Fax	
<b>Membership Number</b>		<b>Expiration Date</b>		<b>License Grade</b>	
				<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?		
<b>Entrant</b> ( if different than driver )			Entrant Member # <b>AND</b> Expiration Date		Tech Card Given?
Name					Waiver Signed?
Address					
City, State, Zip					Payment Type:
Sponsor(s)					
<b>In Emergency, notify?</b>			Phone		Total Paid
			At Track? Yes    No		
<b>CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)</b>					
<b>CHECK</b>		<b>VISA</b>		<b>MASTERCARD</b>	
<b>CASH</b>		<b>EXPIRATION DATE:</b>			
<b>CARD #</b>					
<p>It is agreed that the entry, if accepted, shall be a contract between the Driver/Entrant &amp; the SCCA/California Sports Car Club Region under which the above car &amp; 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 &amp; California Sports Car Club 2007 Supplementary Regulations and the Entrant &amp; 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 _____		
	<b>Entry Fees:</b>	<b>SRF/FSCCA/SCCASR Fees:</b>	<b>Late Fees:</b>	<b>Total Fees:</b>	<b>PLEASE SEND ENTRY TO:</b>  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>
Regional	\$230	\$10	\$40	\$ _____	
Double Regional	\$320	\$20	\$40	\$ _____	
			Worker Donation	\$ _____	
			TOTAL	\$ _____	

# California Sports Car Club 2007 Medical Form

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

**Please write legibly**

<b>Event:</b> Cal Club Double Regional	<b>Date:</b> March 24-25, 2007	<b>Sanction #s:</b> 07-RS-03-S, 07-RS-04-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**