

California Sports Car Club

Entry Form Double Regional

Sept. 29-30, 2007

Event: Cal Club Double Regional		Date: Sept. 29-30, 2007		Late Entry Deadline: Sept. 22, 2007		Sanction #s: 07-RS-16-S & 07-RS-17-S		Track / Location: WILLOW SPRINGS INT. RACEWAY		
<input type="checkbox"/> SINGLE REGIONAL						<input type="checkbox"/> DOUBLE REGIONAL				
Log Book ID	Make	Model	Year	Color	Class	Car Number Choices				
						1 st	2 nd	3 rd		
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		
					<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?		
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 \$ _____ Registrar Initials		
In Emergency, notify?					Phone		At Track? Yes No			
CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)										
CHECK		VISA		MASTERCARD		CASH				
CARD #				EXPIRATION DATE:						
<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 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.</p>										
DRIVER SIGNATURE _____					ENTRANT SIGNATURE _____					
	Entry Fees:	SRF/FSCCA/SCCASR Fees:		Late Fees:	Total Fees:		PLEASE SEND ENTRY TO: Cal Club Registrar California Sports Car Club 18202 Cal Club Drive Buttonwillow, CA 93206 Phone: 661.764.5945 Fax: 661.764.5944 E-Mail: registrar@calclub.com			
Regional	\$230.00	\$10.00		\$40.00	\$ _____					
Double Regional	\$330.00	\$20.00		\$40.00	\$ _____					
Dr. School	\$420.00	\$20.00			\$ _____					
				Worker Donation	\$ _____					
				TOTAL	\$ _____					

California Sports Car Club 2007 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