



**Cal Club Racing**  
**SoPac Divisional Race**  
**March 22-23, 2014**  
**Willow Spring Raceway**



<b>Event:</b> Club Race Divisional	<b>Date:</b> March 22-23, 2014		<b>Sanction #:</b> 14-RQ-3014-S/14-RQ-3015-S	<b>Track / Location:</b> <b>Willow Springs Raceway</b>
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Log Book ID	Make	Model	Year	Color	Class	Car Number Choices		
						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 (Please print legibly)</b>				Daytime Phone		
Address				Evening		Car #
City		State	Zip Code		Fax	Class
<b>Membership Number</b>			<b>Expiration Date</b>			Member/License
Region of Record	Cal Club Associate or Lifetime Member?    Yes    No					Tech Card Given?

<b>Entrant (if different than driver)</b>			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						
<b>Sponsor(s)</b>						Total Paid

<b>In Emergency, notify?</b>			Phone	At Track? Yes    No	\$ _____
					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 2014 General Competition Rules & California Sports Car Club 2014 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 \_\_\_\_\_

<b>FEES:</b>	Entry Fees:	SRF/FE Compliance Fee		Total Fees:	<b>PLEASE SEND ENTRY TO:</b>
Single Entry	\$290	\$10 Single		\$ _____	Cal Club Registrar 4743 Canehill Ave. Lakewood, CA 90713
Single Entry Double Dip	\$390			\$ _____	
Double Entry	\$390	\$20 Double		\$ _____	
Double Entry Double Dip	\$560			\$ _____	
				\$ _____	
			Worker Donation	\$ _____	Phone: 661.304-9382
			<b>TOTAL</b>	\$ _____	<b>Fax: 562-421-4598</b>
					E-Mail: calclubhq@aol.com