



California Sports Car Club

Super School

February 6-8, 2014



Event: Super School		Date: February 6-8, 2014		Entry Must be Received by Feb. 5, 2014		Sanction #:		Track / Location: Buttonwillow Raceway Park			
Log Book ID	Make	Model	Year	Color	Class	Car Number Choices					
						1 st	2 nd	3 rd			
Transponder # -					E-mail			Registrar Use Only			
Driver's Name (<i>Please print legibly</i>)					Daytime Phone			Run Group			
Address					Evening			Car #			
City			State	Zip Code		Fax			Class		
Membership Number			Expiration Date		License Grade			Member/License			
					<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											
Address								Payment Type:			
City, State, Zip								<input type="checkbox"/> Cash			
Sponsor(s)								<input type="checkbox"/> Check #			
								<input type="checkbox"/> Credit Card			
In Emergency, notify?					Phone		At Track? Yes No		Total Paid		
									\$ _____		
CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (PLEASE, BRING CARD TO REGISTRATION.)											
CHECK VISA MASTERCARD CASH											
Registrar Initials											
<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 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.</p>											
DRIVER SIGNATURE _____					ENTRANT SIGNATURE _____						
		Entry Fees:	SRF Compliance Fee				Total Fees:		PLEASE SEND ENTRY TO:		
FEES: Super School		\$440	\$10.00				\$ _____		Cal Club Registrar 4743 Canehill Ave. Lakewood, CA 90713		
					Worker Donation....		\$ _____		Phone: 661.304-9382		
					TOTAL.....		\$ _____		Fax: 562-421-4598		
									E-Mail: calclubhq@aol.com		