



California Sports Car Club

SCCA Competition License School

November 8-10, 2019



| | | | | | | | | |
|--|-------------|--|------------------------|---|----------------------|--|----------------------------------|--------------------------------------|
| Event: Competition License School | | Date: Nov 8-10, 2019 | | 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 | |
| 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: |
| Address | | | | | | | | <input type="checkbox"/> Cash |
| City, State, Zip | | | | | | | | <input type="checkbox"/> Check # |
| Sponsor(s) | | | | | | | | <input type="checkbox"/> Credit Card |
| In Emergency, notify? | | | | | Phone | | At Track? Yes No | |
| | | | | | | | Total Paid \$ _____ | |
| | | | | | | | 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 2019 General Competition Rules & California Sports Car Club 2019 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: | | | Total Fees: | | PLEASE SEND ENTRY TO: | |
| FEES: | | \$440 | | | \$ _____ | | Cal Club Registrar | |
| School Entry | | \$125 | | | \$ _____ | | 4743 Canehill Ave. | |
| Novice Permit | | | | | \$ _____ | | Lakewood, CA 90713 | |
| | | | Worker Donation.... | | \$ _____ | | Phone: 661.304-9382 | |
| | | | TOTAL..... | | \$ _____ | | Fax: 800-448-9201 | |
| | | | | | | | E-Mail: calclubhq@calclub.com | |