California Sports Car Club  
Region of the SCCA  

NATIONAL/RESTRICTED REGIONAL  
WILLOW SPRINGS INTERNATIONAL RACEWAY  
FEBRUARY 21-22, 2004  
SANCTION #S: 04-N-26-P; 04-RS-70-P  

Schedule is subject to change. Times are provided as a convenience for competitors. It is the competitor’s responsibility to know when his/her group is due on track.

SATURDAY, FEBRUARY 21

GROUP SESSION START
WORKERS ON COURSE 7:45
GROUP 1 PRACTICE 8:00
GROUP 2 PRACTICE 8:35
GROUP 3 PRACTICE 9:20
GROUP 4 PRACTICE 9:55
WORKER BREAK 10:25
GROUP 5 PRACTICE 10:40
GROUP 6 PRACTICE 11:15
LUNCH/MANDATORY DRIVERS MTG 11:55
GROUP 7 PRACTICE 1:00
GROUP 1 QUALIFY 1:35
GROUP 2 QUALIFY 2:00
GROUP 3 QUALIFY 2:20
WORKER BREAK 2:35
GROUP 4 QUALIFY 2:50
GROUP 5 QUALIFY 3:10
GROUP 6 QUALIFY 3:35
GROUP 7 QUALIFY 3:55

SUNDAY, FEBRUARY 22

GROUP SESSION START
WORKERS ON COURSE 7:30
GROUP 1 QUALIFY 7:45
GROUP 2 QUALIFY 8:05
GROUP 3 QUALIFY 8:30
GROUP 4 QUALIFY 8:50
WORKER BREAK 9:05
GROUP 5 QUALIFY 9:20
GROUP 6 QUALIFY 9:40
GROUP 7 QUALIFY 10:05
GROUP 1 RACE 10:25
GROUP 2 RACE 11:15
LUNCH 12:05
GROUP 3 RACE 1:10
GROUP 4 RACE 1:55
WORKER BREAK 2:35
GROUP 5 RACE 2:50
GROUP 6 RACE 3:35
GROUP 7 RACE 4:15

REGISTRATION HOURS
FRIDAY 4PM TO 8PM AT TRACK
SATURDAY 6:30AM TO 11AM AT TRACK
SUNDAY 7AM TO 9AM AT TRACK

TECH INSPECTION
FRIDAY 4PM TO 8PM AT TRACK
SATURDAY* OPEN 7AM AT TRACK
SUNDAY* OPEN 7:30AM AT TRACK

Tech stickers will be given out at registration Friday night only to those drivers with an annual tech. Bring your log book & helmet to registration. All other drivers must go to the tech inspection trailer on Saturday morning.

*Tech is closed at lunch

OFFICIALS:

CHIEF STEWARD: JOHN SNOW
CHAIRMAN, SOM: JIM MCCASHIN
COMMUNICATIONS: CHARLIE SAPP
COMP COMMITTEE: GERRY SALAZAR
CULINARY: ED ROSS
EMERGENCY: MIKE LAWLER
EQUIPMENT: DON ERICKSON
FLAG & COMMUNICATIONS: CEKI SMITH
LOG: NELDA SNOW
PIT CONTROL: CINDR CLARK
PRE-GRID/GRID: RENE ANGEL
REGISTRATION: SUE CANNON
SOUND CONTROL: BOB ANDERSON
STARTERS: KEN SILVA
TECH: DENNIS FISHER
TIMING & SCORING: ELLEN KISSLING
WORKER SERVICES: ED ROSS

RUN GROUPS

Group 1 SRF
Group 2 FC, FF, FV, F500
Group 3 GT-1, GT-2, GT-3, GT-4, GT-5, EP, FP, GP, HP,
Group 4 FA, FM, CSR, DSR, S2000
Group 5 SSB, SSC, AS, T1, T2
Group 6 ITE, ITS, ITA, ITB, ITC, SM, RS
Group 7 PRO 7, SRX7
**Event Date:** Feb 21-22, 2004  
**Sanction #s:** 04-N-26-P, 04-RS-70-P  
**Location:** Willow Springs Int. Raceway  
**Late Entry Deadline:** Feb 7  

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<th>Regional Only</th>
<th>National Only</th>
<th>Regional/National</th>
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**Log Book ID**  

**Driver's Name** (Please print legibly)  

**Address**  

**City** | **State** | **Zip Code**  

**Fax**  

**Class**  

**Car Number Choices**  

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<th>2nd</th>
<th>3rd</th>
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**Transponder #**  

**Daytime Phone**  

**Evening Phone**  

**Group #**  

**Car #**  

**Tech Card Given?**  

**Waiver Signed?**  

**Annual Waiver?**  

**Payment Type**  

- Cash  
- Check  
- Credit Card  

**Total Paid**  

**Registrar Donation of**  

$____________  

**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 2004 General Competition Rules & California Sports Car Club 2004 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**  

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<th><strong>CASH DISCOUNT RATE</strong></th>
<th><strong>SRF REGULAR RATE</strong> *</th>
<th><strong>SRF CASH DISCOUNT RATE</strong> *</th>
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**ADD WORKER DONATION OF**  

$____________  

**SEND ENTRY TO:** Sue Cannon,  
California Sports Car Club  
9534 S. Painter Ave  
Whittier, CA 90605  
Phone: 562-693-4110  
Fax: 562-693-4460  
E-Mail: cscclub@earthlink.net  

**Compliance fee included**  

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

**Driver's Address, City, State & Zip**  

**Drug Allergies or Medical Conditions**  

**Illness/Injury from Past 12 months**  

**Current Medications**  

**Physician's Name**  

**Address**  

**Phone**  

**Yes or No:**  

- Hemophiliac  
- Dentures  
- Heart Problems  
- Allergies  
- Asthmatic  
- Diabetic  
- Organ Donor  
- Epileptic  

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**In Emergency Notify?**  

**Phone**  

**At Track:**  

- Yes  
- No  

**Religious Pref.**  

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

**Driver's Name**  

**Date of Birth**  

**Blood Type**  

**Date of Last Tetanus**  

**Registrar Use Only**  

**Group #**  

**Car #**  

**Class**  

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**Revised: January, 2004**