

**Pacific Nights Enduro Series
OPEN & CLOSED WHEEL ENDUROS**

November 20-21, 2004

Sanction Number: 04-RS-89-P

SATURDAY, November 20

SESSION	GROUP	FORMAT	LENGTH	START
PRACTICE	OPEN	ALL	30 MIN	8:00
PRACTICE	CLOSED	ODD	30 MIN	
PRACTICE	CLOSED	EVEN	30 MIN	
PRACTICE	OPEN	ALL	30 MIN	
PRACTICE	CLOSED	ODD	30 MIN	
PRACTICE	CLOSED	EVEN	30 MIN	
LUNCH & MANDATORY DRIVERS' MEETING				60 MIN
QUALIFY	OPEN	ALL	30 MIN	
QUALIFY	CLOSED	ODD	30 MIN	
QUALIFY	CLOSED	EVEN	30 MIN	
OPEN TESTING	ALL	ODD	30 MIN	
OPEN TESTING	ALL	EVEN	30 MIN	

CLOSED WHEEL CLASSES

CLASS 1 GT-1, GT-2, GT-3, SP, ITE, PRO TRK, S2, CS2, ASR, CSR, DSR, T1, AS

CLASS 2 SRF, GT-4, GT-5, ITS, ITA, EP, S7, T2, RS

CLASS 3 FP, GP, HP, ITB, ITC, SRX 7, PRO 7, SM, SSB, SSC

OPEN WHEEL CLASSES

FA, FM, FC, FF, FV, CF, SF, CFC, S2, CS2, ASR, CSR, DSR, SRF, FS, FSCCA, SCCASR

REGISTRATION HOURS

FRIDAY	4:00PM TO 8:00PM	AT TRACK
SATURDAY	6:30AM TO 11:00AM	AT TRACK
SUNDAY	7:00AM TO 9:00AM	AT TRACK

SUNDAY, November 21

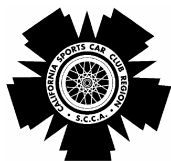
SESSION	GROUP	FORMAT	LENGTH	START
QUALIFYING	OPEN	OPEN	30 MIN	8:00
RACE	CLOSED	ENDURO	4 HOUR	
LUNCH	LUNCH		60 MIN	
RACE	OPEN	ENDURO	90 MIN	

TECH INSPECTION

FRIDAY	6:00PM TO 8:00PM	AT TRACK
SATURDAY*	OPEN :007AM	AT TRACK
SUNDAY*	OPEN 7:30AM	AT TRACK

OFFICIALS

CHIEF STEWARD	JOHN SNOW
CHAIRMAN, SOM	MARGE BINKS
COMMUNICATIONS	STEVE LOWERY
COMP COMMITTEE	GERRY SALAZAR
EMERGENCY	MIKE LAWLER
EQUIPMENT	DON ERICKSON
FLAG & COMMUNICATIONS	CECI SMITH
LOG	NELDA SNOW
PIT CONTROL	CINDI CLARK
PRE-GRID/GRID	RENEE ANGEL
REGISTRATION	MARGE BINKS
SOUND CONTROL	BOB ANDERSON
STARTERS	KEN SILVA
TECH	DENNIS FISHER
TIMING & SCORING	ELLEN KISSLING
WORKER SERVICES	LINDA JONES



Team Entry Form

Pacific Nights Enduro Series
Buttonwillow Raceway
November 20-21, 2004

Car Information					
Car Class		Number Choice	1st	2nd	3rd
Make	Model	Year	Color	Class	
AMB TRANSPONDER # (MANDATORY)					
SPONSORS					
1.					
2.					
3.					
4.					

Entrant		
Name	Member #	Exp Date:
Address		
City	State	Zip
Daytime Phone	Fax 3:	

Pit Space Request			
Pit Space Desired	1st	2nd	3rd
Can Share Pit Space With			

Team Members including the Entrant listed above if attending. Indicate DTR with *					
Name	Driver	Crew	Name	Driver	Crew
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		
Team Name					

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 & California Sports Car Club 2004 Enduro 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.

SEND ENTRY TO: California Sports Car Club 18202 Cal Club Dr Buttonwillow, CA 93206	Phone: 661 764-5945 Fax: 661 764-5944 Email calclubgm@aol.com
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**Pacific Nights Enduro Series
California Sports Car Club, Region of SCCA
TEAM CHECKLIST**

Team Name	Car #	Group #		
Team Member	(Driver or Crew)		Entry/Medical Sent	Payment Sent
1.	(DTR)			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

- Designated Team Representative (DTR) selected
- Pit Selection Made
- Have transponder OR
- Arrangements made to rent transponder
- Hotel reservations made OR
- RV spot reserved (661-764-5333)
- All Entry Forms sent

Event Date: November 20-21, 2004		Sanction #: 04-RS-89-P		Location: Buttonwillow Raceway Park		ENDURO 2004 California Sports Car Club Region of the Sports Car Club of America Entry & Medical Form		
<input type="checkbox"/> Regional Only <input type="checkbox"/> National <input type="checkbox"/> National/Regional <input type="checkbox"/> Double <input type="checkbox"/> School								
Make	Model	Year	Color	Class		Car Number Choices		
						1 st	2 nd	
DRIVER'S NAME (Each driver must submit a separate entry form)		TEAM NAME				Transponder #		Registrar Use Only
Address						Daytime Phone		
City		State		Zip Code		Evening Phone		Group #
Membership Number		Expiration Date		Licensing Organization		License Grade <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Pro <input type="checkbox"/> Novice		Car #
Region of Record		Associate Memberships – what regions?		If Renting, From Whom?				Member OK
Entrant's name (car owner) Address City, State, Zip				Entrant Member # AND Expiration Date				Tech
Sponsor(s)								Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
In Emergency, notify?		Phone		At Track? Yes or No				
Circle Payment Type, Payable at Registration (If paying with a credit card, bring card to registration.) Check Visa MasterCard Cash						ADD WORKER DONATION OF		Total Paid \$ _____
Card # _____ Expiration Date: _____						\$ _____		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 _____				
ENTRY FEES (PER DRIVER)						SEND ENTRY TO: California Sports Car Club 18202 Cal Club Dr Buttonwillow, CA 93206 Phone: 661 764-5945 Fax: 661 764-5944 E-Mail: calclubgm@aol.com		
Regular Rate	Cash Discount	SRF Regular Rate*	SRF Cash Discount*					
\$200	\$195	\$210	\$205					

*Compliance fee included

Driver Medical Information – Driver must complete ALL questions

Driver's Name		Date of Birth	Blood Type	Date of Last Tetanus	Registrar Use Only
Driver's Address, City, State & Zip					
Drug Allergies or Medical Conditions			Illness/Injury from Past 12 months		Car #
Current Medications					Class
Physician's Name		Address			Phone
Yes or No:	Contacts Hemophiliac	Dentures Heart Problems	Asthmatic Allergies	Diabetic Organ Donor	Epileptic
In Emergency Notify?		Phone		At Track: Yes or No	Religious Pref.