

**Cal Club Region of the SCCA**  
**1<sup>ST</sup> CAL CLUB NATIONAL of 2005 and the DOUBLE MAZDA CHALLENGE**  
**NATIONAL/ RESTRICTED REGIONAL**  
**Willow Springs International Raceway 2.5 Miles**  
**February 26-27, 2005**  
**Sanction #s: 05-RS-119-S; 05-N-40-S**

**Schedule is subject to change without notice. Start 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 26**

		<u>ET</u>	<i>Approx.</i> <u>Start Time</u>
<b>Workers on Course</b>			<b>7:45</b>
Group 6	Practice	25 min	8:00
Group 1	Practice	20 min	8:35
Group 2	Practice	20 min	9:00
<b>Worker Break</b>			
Group 3	Practice	20 min	9:35
Group 4	Practice	20 min	10:00
Group 5	Practice	20 min	10:30
Group 6	Regional Qualify	20 min	11:00
<b>Lunch</b>			<b>11:30</b>
Group 1	National Qualify	20 min	12:40
Group 2	National Qualify	20 min	1:10
Group 3	National Qualify	20 min	1:35
<b>Worker Break</b>			
Group 4	National Qualify	20 min	2:15
Group 5	National Qualify	20 min	2:45
Group 6	Regional Race	30 Min	3:15

**POST RACE SOCIAL FOR DRIVERS, WORKERS, CREW & GUESTS**

**SUNDAY, FEBRUARY 27**

		<u>ET</u>	<i>Approx.</i> <u>Start Time</u>
<b>Workers on Course</b>			<b>7:30</b>
Group 1	National Qualify	15 min	7:45
Group 2	National Qualify	15 min	8:10
Group 3	National Qualify	15 min	8:35
Group 4	National Qualify	15 min	9:00
<b>Worker Break</b>			
Group 5	National Qualify	15 min	9:30
Group 6	Regional Race	30 min**	9:55
Group 1	National Race	20 Laps or 40 Min.*	10:40
<b>Lunch</b>			<b>11:25</b>
Group 2	National Race	20 Laps or 40 Min.*	12:35
Group 3	National Race	20 Laps or 40 Min.*	1:30
<b>Worker Break</b>			
Group 4	National Race	20 Laps or 40 Min.*	2:30
Group 5	National Race	20 Laps or 40 Min.*	3:25

\* National Race length determined by laps or minutes, **whichever is less**

\*\* Group 6 Regional Race **grid set from Saturday finishing order**

**REGISTRATION HOURS**

Friday	4:00PM - 7:00PM	At Track
Saturday	6:30AM - 11:00AM	At Track
Sunday	7:00AM - 10:00AM	At Track

**TECH INSPECTION**

Saturday*	Open 7:00AM	At Track
Sunday*	Open 7:30AM	At Track

**TECH STICKERS WILL BE GIVEN OUT AT REGISTRATION 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 DURING SCHEDULED HOURS.**

**\*TECH IS CLOSED AT LUNCH**

**OFFICIALS**

CHIEF STEWARD	MARGE BINKS
CHAIRMAN, SOM	BARBARA KNOX
ASST. CHIEF OPER. STEWARD	JOHN SNOW
COMMUNICATIONS	STEVE LOWERY
COMP COMMITTEE	STEVE STAVELEY
EMERGENCY	BOB ANDERSON
EQUIPMENT	DON ERICKSON
FLAG & COMMUNICATIONS	CECI SMITH
LOG	NELDA SNOW
PIT CONTROL	CINDI CLARK
PRE-GRID/GRID	RENE ANGEL
REGISTRATION	MARGE BINKS
SOUND CONTROL	JOSHUA UNDERWOOD
STARTERS	JOE SEPANIK
TECH	DENNIS FISHER
TIMING & SCORING	ELLEN KISSLING
WORKER SERVICES	LINDA JONES

**National/Restricted Regional Run Groups**

GROUP 1: F500, FF, FV
GROUP 2: AS, SSB, SSC, T1, T2, T3
GROUP 3: GT1, GT2, GT3, GT4, GT5, EP, FP, GP, HP
GROUP 4: FA, FC, FM, CSR, DSR, S2000
GROUP 5: SRF
GROUP 6: PRO7, SM, SRX7

# Cal Club Region of the SCCA 2005 Entry Form

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

<b>Event:</b> Single National, Double Restricted Regional	<b>Date:</b> Feb 26-27, 2005	<b>Late Entry Deadline:</b> Feb 11, 2005	<b>Sanction #s:</b> 05-RS-119-S 05-N-40-S	<b>Track / Location:</b> <b>WILLOW SPRINGS</b>		
<input type="checkbox"/> Practice <input type="checkbox"/> Saturday Only <input type="checkbox"/> Sunday Only <input type="checkbox"/> Saturday and Sunday						
<b>Log Book ID</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>	<b>Class</b>	<b>Car Number Choices</b>
						1st    2nd    3rd
<b>Transponder # - Required</b>				<b>E-mail</b>		<b>Registrar Use Only</b>
<b>Driver's Name</b> (Please print legibly)				<b>Daytime Phone</b>		<b>Run Group</b>
<b>Address</b>				<b>Evening</b>		<b>Car #</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Fax</b>	<b>Class</b>
<b>Membership Number</b>		<b>Expiration Date</b>		<b>License Grade</b>		<b>Member/License OK</b>
				<input type="checkbox"/> Reg <input type="checkbox"/> Nat <input type="checkbox"/> Dual <input type="checkbox"/> FIA <input type="checkbox"/> Novice		
<b>Region of Record</b>	<b>Cal Club Associate or Lifetime Member?</b> Yes    No		<b>If Renting, From Whom?</b>			<b>Tech Card Given?</b>
<b>Entrant</b> ( if different than driver )			<b>Entrant Member # AND Expiration Date</b>			<b>Waiver Signed?</b>
Name						<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Address						
City, State, Zip						
Sponsor(s)						
<b>In Emergency, notify?</b>				<b>Phone</b>		<b>At Track?</b> Yes    No
<b>CIRCLE PAYMENT TYPE, PAYABLE AT REGISTRATION (IF PAYING WITH A CREDIT CARD, BRING CARD TO REGISTRATION.)</b>						<b>ADD WORKER DONATION OF</b> \$ _____ <b>REGISTRAR INITIALS</b>
<b>CHECK</b>		<b>VISA</b>		<b>MASTERCARD</b>		
<b>CASH</b>		<b>EXPIRATION DATE:</b> _____		<b>CARD #</b> _____		
<p>It is agreed that the entry, if accepted, shall be a contract between the Driver/Entrant &amp; the SCCA/California Sports Car Club Region under which the above car &amp; 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 2005 General Competition Rules &amp; California Sports Car Club 2005 Supplementary Regulations and the Entrant &amp; 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 _____			
	<b>Entry Fees:</b>	<b>SRF/FSCCA/SCCASR Fees:</b>	<b>Late Fees:</b>	<b>Total Fees:</b>	<b>PLEASE SEND ENTRY TO:</b> Cal Club Registrar California Sports Car Club 18202 Cal Club Drive Buttonwillow, CA 93206 Phone: 661.764.5945 Fax: 661.764.5944 E-Mail: Registration@calclub.com	
Restricted Regional	\$ 210		\$ 40	\$ _____		
Single National	\$ 230	\$ 10	\$ 40	\$ _____		

## Cal Club Region of the SCCA 2005 Medical Form

<b>Event:</b> Single National, Double Restricted Regional	<b>Date:</b> Feb 26-27, 2005	<b>Sanction #s:</b> 05-RS-119-S 05-N-40-S	<b>Track / Location:</b> <b>WILLOW SPRINGS</b>
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<b>Driver's Name</b>	Date of Birth	Blood Type	Date of Last Tetanus	<b>Registrar Use Only</b>
Driver's Address, City, State & Zip		Daytime Phone		Run Group
		Evening		Car #
Drug Allergies or Medical Conditions		Illness/Injury from Past 12 months		Class
Current Medications				
Physician's Name		Address		Phone
Yes or No:	Contacts	Dentures	Asthmatic	Diabetic
	Hemophiliac	Heart Problems	Allergies	Organ Donor
In Emergency Notify?		Phone	At Track: Yes    No	Religious Preference
I certify that the medical information provided by me is true and accurate.				
Driver's Signature: _____ Date: _____				