



Open Practice

Saturday – February 2, 2019

San Diego County Credit Union Stadium, West Lot

Held under SCCA Solo Rules and San Diego Region Solo Supplementary Regulations

Registration & Tech – 8:00 to 11:30 A.M. • First Car Out – 9:00 A.M.

Event pre-registration will be available online at <http://msreg.com/DCCSD2-2-19>. Online registration will open on January 15th @ 6 P.M. Online payment will incur a transaction fee.

Entries can also be sent in by mail. You may pay entry fee by mail to avoid the transaction fee.

Registration check-in cutoff for Group A & B is 8:40 A.M. and for Group C & D is 11:15 A.M. After that we will allow waiting list drivers to fill in any opening.

Practice Format: limited to 100 entries; four run groups of 25 each; 90 min. per group

	<u>Run</u>	<u>Work</u>
Group A	1	2
Group B	2	1
Lunch	30 min.	
Group C	3	4
Group D	4	3

Jr. Karts will run before Group A. Each kart will make 8 back-to-back runs. Second Jr. driver sharing a kart will run in beginning of Group B. Entry fee-\$20

All drivers MUST be members of the SCCA. Weekend SCCA membership is available at event (\$15). All drivers MUST have a San Diego Region Solo Card. Weekend Region Solo Pass is available at event (\$5).

ENTRY FEE: Primary Driver-\$45 (any driver entering a car in a run group)
All Secondary Drivers-\$15 (a secondary driver is any non-primary driver. e.g. a second driver sharing an entry in the same run group, driving instructors, etc.)
Jr. Karts-\$20

SAFETY REQUIREMENTS: Vehicle must pass safety inspection, helmet (Snell 2005 or newer)

NOISE RESTRICTIONS: A Maximum noise level of 93.0 dBA @ 50 ft. for all participants will be enforced

EVENT CHAIR: Jon Nottage (503) 307-6746

SAFETY STEWARD: TBD

We'll be hosting veterans from the
Warrior Foundation Freedom Station

Consumption of INTOXICANTS by participants and spectators is prohibited!

San Diego Region SCCA Autocross Information • sdrscca.com

Event Pre-registration Form

February 2, 2019 open practice at SDCCU Stadium, West Lot

We recommend registering online at <http://msreg.com/DCCSD2-2-19>

Name: _____

Group: _____

Address: _____

1st Choice _____ 2nd choice _____

3rd Choice _____ 4th Choice _____

Phone: _____

Make check payable to: **SDR-SCCA**

Email Address: _____

Send completed registration form and entry fee to:

Solo Card No.: _____

Please cancel entry
by Thursday, Jan. 31
or **NO** refund.

Amount Enclosed: _____

DCCSD Practice
1670 Via Elisa Dr.
El Cajon CA 92021-3559
(no phone registration)