

2010 TECATE SCORE BAJA 500 ENTRY FORM

June 4-6

**ENTRY FORM MUST BE AT
SCORE BY NOON APRIL 19TH
DRAWING FOR STARTING
POSITIONS IS APRIL 24TH
AT MATERCRAFT SAFETY**

**INCOMPLETE ENTRIES WILL NOT BE PROCESSED
ALL DRIVER/RIDER & VEH. INFO MUST BE FILLED OUT
DO NOT E-MAIL ENTRY FORM**

CL. _____ Tech # _____ (4Wh.Veh)
VEH.# _____ (TT CLASSES ONLY)

Front Start Rear Start

MINIMUM DEPOSIT OF \$200.00 IS REQUIRED (entries without deposit will not be processed) Entries **MUST** be received at SCORE's office **NO LATER** than **NOON April 19TH** in order to be in the drawing. **DEPOSITS ARE NON-TRANSFERABLE/NON-REFUNDABLE !** There is a \$200 Late Fee on ALL entries received after **MAY 24TH**

PLEASE PRINT CLEARLY - 4-Wh. Veh. Classes MUST INCLUDE TECH TAG # OR ENTRY WILL NOT BE IN DRAWING

DRI/RID OF RECORD: _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Ph#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
Email: _____

CO-DRI/RID(4-wh circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

CO-DRI/RID(4-wh circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

CO-DRI/RID(4-wh circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

CO-DRI/RID(4-wh circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

Class: _____ Tech Tag # _____ Vehicle Make: _____ Model: _____ Year: _____
Engine Make: _____ Builder: _____ Displacement: _____ # of Cylinders: _____
of Seats: _____ Tire Make: _____ Vehicle Owner: _____
Sponsors: _____
Sponsors: _____
Purse Payable to: _____ SS/Tax ID#: _____

ALL VEHICLE/CLASS INFO. MUST BE FILLED OUT ABOVE ↑

ALL CREDIT CARD INFORMATION MUST BE FILLED OUT ↓ when faxing entry form in

Payment Amount: \$ _____ Check MasterCard Visa Amex

Card #: _____ - _____ - _____ Exp Date: _____ 3 Digit Code: _____

C.H. Address: _____ City: _____ ST: _____ Zip: _____

Cardholder Name _____ Ph# _____ Email: _____

**DEPOSIT REQUIRED ON ALL ENTRIES - Mail or Fax (CREDIT CARD only) completed entry form to: SCORE International
23961 Craftsman Rd - Suite A / Calabasas, CA 91302 / Tel # (818) 225-8402 / Fax # (818) 225-8102**