

2009 TECATE SCORE SAN FELIPE 250 ENTRY FORM

March 13-14

INCOMPLETE ENTRIES WILL NOT BE PROCESSED
ALL DRIVER/RIDER INFO MUST BE FILLED OUT

Front Start Rear Start

CL. _____ Tech Tag # _____ (4-Wh.Veh)

VEH.# _____ (TT & PT CLASSES ONLY)

DRAWING FOR STARTING
POSITIONS IS FEBRUARY 14th
Entry **MUST** be received by 2/11/09

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 Feb. 11th in order to be in the drawing. **DEPOSITS ARE NON-TRANSFERABLE/NON-REFUNDABLE!** There is a \$200 Late Fee on ALL entries received after March 5th.

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 CREDIT CARD INFORMATION MUST BE FILLED OUT↓ when faxing entry form in* and Vehicle/Class Info. above↑**

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