

2010 MASTERCRAFT SAFETY TECATE SCORE SAN FELIPE 250 ENTRY FORM

March 12-14

DRAWING FOR STARTING POSITIONS IS FEBRUARY 13th
Entry MUST be received by 2/10/10

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 & Point Champs ONLY)

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. 10th 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 4th.

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