

2010 SCORE TERRIBLE'S PRIMM 300 ENTRY FORM

SEPTEMBER 10-12

DRAWING FOR STARTING POSITIONS IS AUGUST 7th (Entry Form MUST be at SCORE by NOON August 4th)

**INCOMPLETE ENTRIES WILL NOT BE PROCESSED
ALL DRIVER/RIDER & VEH. INFO MUST BE FILLED OUT**

Front Start Rear Start

CL. _____ TECH TAG # _____

VEH.# _____ (TT & PT CLASSES ONLY)

TECH TAG # MUST BE INCLUDED ↑

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 Aug. 4th in order to be in the drawing. DEPOSITS ARE NON-TRANSFERABLE/NON-REFUNDABLE ! There is a \$200 Late Fee on ALL entries received after Sept. 2nd. PLEASE PRINT CLEARLY - ALL CLASSES MUST INCLUDE TECH TAG # OR ENTRY WILL NOT BE IN DRAWING

DRIVER 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 (circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Country: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

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

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

CO-DRI/RID (circle one): _____ Memb #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Cty.: _____ 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