

2004 TECATE SCORE BAJA 1000 - ENSENDA TO LA PAZ

November 17-21, 2004

DRAWING FOR STARTING POSITIONS
Oct. 9th, 2004

CLASS _____

VEH.# _____

Front Start Rear Start

MINIMUM DEPOSIT OF \$200.00 IS REQUIRED (entries without deposit will not be processed) Entries MUST be received by SCORE no later than 9AM Friday, Oct. 8th to be in the drawing. Drawing to be held at Off Road Expo, Pomona, CA at 2:30PM on the Dust to Glory Stage.

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

CO-DRI/RID: _____ SCORE #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Phone#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
Email: _____

CO-DRI/RID: _____ SCORE #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Phone#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
Email: _____

CO-DRI/RID: _____ SCORE #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Phone#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
Email: _____

CO-DRI/RID: _____ SCORE #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Phone#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
Email: _____

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

Payment Amount: \$ _____ Check MasterCard Visa
Card # _____ - _____ - _____ Exp Date: _____
Cardholder Name: _____ C.H. Address: _____
City: _____ ST: _____ Zip: _____ Card Holder Phone# _____
Email Address: _____

DEPOSIT REQUIRED ON ALL ENTRIES - Mail or Fax completed entry form to:
SCORE International - 23961 Craftsman Rd - Suite A / Calabasas, CA 91302

Tel # (818) 225-8402 / Fax # (818) 225-8102

Deposits are Non-Refundable and Non-Transferable