

2005 TECATE SCORE SAN FELIPE 250

February 25-26, 2005

**DRAWING FOR STARTING
POSITIONS IS SATURDAY,
February 5th**

Front Start Rear Start

CLASS _____

VEH.# _____

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 5PM on Friday, February 4th in order to be in the drawing. **DEPOSITS ARE NON- TRANSFERABLE/NON-REFUNDABLE ! PRINT CLEARLY**

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: _____ Cty.: _____ Day Phone#: (____) _____ - _____
D.O.B: _____ - _____ - _____ Age: _____ Allergies: _____
Emergency Contact: _____ Telephone #: (____) _____ - _____

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

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

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

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: _____

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

Card Holder Phone# _____ Email: _____

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