

2006 TECATE SCORE BAJA 500

DRAWING FOR STARTING POSITIONS IS SATURDAY, April 22nd at Pechanga Casino
Details will be posted on website

June 2-4, 2006, Ensenada, Baja California, Mexico
ENTRY FORM MUST BE FILLED OUT COMPLETELY!

Front Start Rear Start

CLASS _____
VEH.# _____
(TT & PT Classes 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 12PM on Wednesday, APRIL 19th in order to be in the drawing being held at Pechanga Casino, April 22nd.

DRI/RID OF RECORD: _____ SCORE #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day 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#: _____

ALL INFO. BELOW MUST BE FILLED OUT TO PROCESS CREDIT CARD

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