

2009 DRIVE Off-Road Racing TROPHYLITE 200

January 17 2009

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

Requested Starting Position Front Start Rear Start

Entries MUST be received NO LATER than Jan 5th in order to be in the drawing. There is a \$50 Late Fee on ALL entries received after Jan 10th

Teams are limited to four Driver / Co-Drivers. Add \$35.00 ea for additional Drivers / Co-Drivers

PLEASE PRINT CLEARLY - PLEASE PRINT CLEARLY - PLEASE PRINT CLEARLY

DRIVER OF RECORD: _____ Memb #: _____ Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
On-Site Emergency Contact: _____ Cell Phone #: (____) _____ - _____

CO-DRIVER: _____ Memb #: _____ Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
On-Site Emergency Contact: _____ Cell Phone #: (____) _____ - _____

CO-DRIVER: _____ Memb #: _____ Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
On-Site Emergency Contact: _____ Cell Phone #: (____) _____ - _____

CO-DRIVER: _____ Memb #: _____ Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: (____) _____ - _____ D.O.B: _____ - _____ - _____
Age: _____ Social Security #: _____ / _____ / _____ Allergies: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: (____) _____ - _____
On-Site Emergency Contact: _____ Cell Phone #: (____) _____ - _____

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

Pro Entry Fee: \$450.00 + \$20.00 Survey Fund + \$20.00 Legal Fund + \$10.00 Volunteer Fund

Sportsman Entry Fee: \$290.00 + \$20.00 Survey Fund + \$20.00 Legal Fund + \$10.00 Volunteer Fund

ALL CREDIT CARD INFORMATION MUST AND VEHICLE/CLASS INFO. ABOVE BE FILLED OUT WHEN FAXING ENTRY FORM IN

Payment Amount: \$ _____ Check Mastercard Visa Card #: _____ - _____ - _____
Cardholder Name _____ Ph# _____ Email: _____
Exp Date: _____ 3 Digit Code: _____
C.H. Address: _____ City: _____ ST: _____ Zip: _____

Mail or Fax (CREDIT CARD only) completed entry form to: DRIVE OFF-Road Racing

PO Box 1646 El Centro, CA 92244 / Tel # (760) 791-7663 / Fax # (760) 482-9049