



SNORE
Battle at Primm
Entry Form Instructions

Pre-Entering

If you only want to pre-enter not pre-registering or pre-pay please use the Pre Entry form listed under any of the events.

http://www.drive-racing.com/drive_race_pre_entry_form.html

Pre-Registering or Pre-Paying

Fill out all fields including Co-Drivers:

Providing us with all the names and information of the members of your team will speed up the registration process at the event. If all your information is complete all you will have to do is sign the entry form and pay if you have not already done so.

***** DRIVE ENTRY FEE for all teams*****

Pro & Sportsman - \$100

Driver Payback - \$50

Year End Points Fund - \$25

FOR CREDIT CARDS EITHER SAVE AND EMAIL TO DOUG@DRIVE-RACING.COM OR PRINT AND FAX TO 760-482-9049

***ALL CREDIT CARD INFORMATION MUST BE FILLED OUT WHEN SENDING ENTRY FORM IN*
IF PAYING BY CHECK OR MONEY ORDER PLEASE FILL OUT AND MAIL WITH PAYMENT TO
PO BOX 1646 EL CENTRO CA 92244**

If you are mailing in your entry form please send it in time for us to receive it by Feb 15th.

SNORE ENTRY FEE

All SNORE Fees will apply and you must sign up with SNORE. Please visit

<http://www.snoreracing.net/>

For more details



DRIVE at SNORE
Battle at Primm
Feb 19 - 21, 2010

DRIVER OF RECORD: _____ Memb #: NOT REQUIRED
Desired Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: _____ D.O.B: _____
Purse Payable to SS # or Tax ID: _____ Allergies: _____ Shirt Size: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: _____
On-Site Emergency Contact: _____ Cell Phone #: _____

CO-DRIVER: _____ Memb #: NOT REQUIRED
Desired Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: _____ D.O.B: _____
Allergies: _____ Shirt Size: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: _____
On-Site Emergency Contact: _____ Cell Phone #: _____

CO-DRIVER: _____ Memb #: NOT REQUIRED
Desired Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: _____ D.O.B: _____
Allergies: _____ Shirt Size: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: _____
On-Site Emergency Contact: _____ Cell Phone #: _____

CO-DRIVER: _____ Memb #: NOT REQUIRED
Desired Car #: _____
Address: _____ City: _____
State: _____ Zip-Code: _____ Day Ph#: _____ D.O.B: _____
Allergies: _____ Shirt Size: _____
Blood Type: _____ Email: _____
Emergency Contact: _____ Phone #: _____
On-Site Emergency Contact: _____ Cell Phone #: _____

Class #: _____ Purse Payable to: SS/Tax ID#: _____

You Must Also Enter with SNORE! <http://www.snoreracing.net/>

***** DRIVE ENTRY FEE for all teams*****

Pro & Sportsman - \$100 / Driver Payback - \$50 / Year End Points Fund - \$25

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