



Entry Form Instructions

Existing DRIVE Off-Road Racing Members – Pre Registering

If you are an existing annual member and only want to pre-enter not pre-pay to receive the early registration discount please use the Pre Entry form on the home page

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

Existing DRIVE Off-Road Racing Members – Pre Paying

Fill out the following fields only:

1. DRIVER of Record or Co-Driver Names – Please include all names
2. Member # - If you don't have your member # available enter 000
3. Car #
4. Payment information – See discounted entry fee details below
5. If any information has changed please fill out the appropriate fields

New Annual Membership - \$35.00

Fill out all fields except member number

If faxing in entry form include all credit card information at the bottom of the form

If mailing in entry form include all credit card information or include a check or money order

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.

***** DISCOUNT on ENTRY FEE for all teams that pay before 2 PM on Sept 12*****

Pro - \$420 or \$380 if you pay before **9-12-09**

Sportsman - \$300 or \$260 if you pay before **9-12-09**

Trophy Kart - \$40 or \$30 if you pay before **9-12-09**

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 **September 10**



ORW Grand Prix Presented by DRIVE Off-Road Racing
September 19, 2009

Requested Starting Position Front Start Rear Start

Teams are limited to four (4) Driver / Co-Drivers. Add \$35.00 ea for additional Drivers / Co-Drivers and use a second form if necessary.

DRIVER OF RECORD: _____ Memb #: _____ 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 #: _____ 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 #: _____ 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 #: _____ 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#: _____
Annual Membership (\$35.00) must be current to be included in Start Order Draw – NO Entry Deposit required to be included in the Start Order Draw being Held Sept 12th at ORW. See Event Info section on our home page for Drawing details

Pro Entry Fee: \$420.00 or \$380 if paid in full before **Sept FG**

Pro Classes: Driver payback \$150, Year End Points fund \$25, Trophies for 1st, 2nd, 3rd. Additional Bonuses available

Sportsman Entry Fee: \$300.00 or \$260 if you pay in full before **Sept FG**

Sportsman Classes: \$200 for 1st, \$100 for 2nd, \$50 for 3rd. Trophies for 1st, 2nd, 3rd. Year End Points fund \$25. Additional bonuses available

Desert Kart Entry Fee: \$40.00 or \$30 if you pay before **Sept FG** \$10.00 annual membership if new member

Payment Amount: \$ _____ Check Mastercard Visa Card #: _____ - _____ - _____ - _____

Card holder information is same as DOR information

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