



PACIFIC RACING ORGANIZATION TOP GUN RACE ENTRY FORM

741-D Stevenson Ave.
Enumclaw, WA. 98022
Tel: (360) 825-2106
Fax: (360) 825-2663
www.pacificracingmx.com

PLEASE PRINT CLEARLY

Name:	Date:
Mailing Address:	Birthdate: Age:
City:	Email: _____ @ _____
State: _____ Zip: _____	T-Shirt Size: Youth _____ Adult _____
Phone: _____ Cell: _____	TEAM RIDING FOR: (All teams are listed online. www.pacificracingmx.com)
Social Security #: _____ - _____ - _____ (Pro's Only)	

Motorcycle Brand: HONDA - KAWASAKI - SUZUKI - YAMAHA - KTM - OTHER: _____ (circle as applies)	Bike Number Preference: (do not leave blank) <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> First choice accepted unless notified otherwise.
Bike Size: 50cc - 65cc - 85cc - 125cc - 250cc - 450cc - Other _____ (circle as applies)	

PLEASE CHECK ONE CLASS PER FORM. THANK YOU!

250CC Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Pro (A) \$\$ <input type="checkbox"/> <small>* No 250cc 2 Strokes allowed.</small>	450CC Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Pro (A) \$\$ <input type="checkbox"/>	UNLIMITED Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Pro (A) \$\$ <input type="checkbox"/>	85CC Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Open Beg (D) <input type="checkbox"/> Supermini (C/B) <input type="checkbox"/>	65CC Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Open (D/C/B) <input type="checkbox"/>	50CC Beg (D) <input type="checkbox"/> Jr (C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Open (D/C/B) <input type="checkbox"/>
25+ Sportsman (D/C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Pro (A) \$\$ <input type="checkbox"/> \$\$ 80% Payback	VET 30+ Sportsman (D/C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Pro (A) \$\$ <input type="checkbox"/> \$\$ 80% Payback	VET 40+ Sportsman (D/C) <input type="checkbox"/> Int (B) <input type="checkbox"/> Legends (A) <input type="checkbox"/> 50+ Relics <input type="checkbox"/>	MISC Schoolboy (12-16)** <input type="checkbox"/> Collegeboy (17-24)*** <input type="checkbox"/> 125cc Open (C/B/A)* <input type="checkbox"/> 250cc Open (C/B/A)* <input type="checkbox"/> <small>** 2 Strokes Only, No Beginner (D) Riders *** 125cc-150cc: Only, Non-Pro class (D/C/B) **** 125cc-450cc: Open Non-Pro Class (D/C/B)</small>	WOMEN Beg (D) <input type="checkbox"/> Sportsman (C/B) <input type="checkbox"/> Expert (A) <input type="checkbox"/>	RACE ENTRY FEES: Before August 22nd 50cc/65cc Classes: \$60.00/class 85cc-450cc Classes: \$80.00/class 250/450/Unlimited Pro: \$100.00/class After August 22nd 50cc/65cc Classes: \$70.00/class 85cc-450cc Classes: \$90.00/class 250/450/Unlimited Pro: \$125.00/class

WARNING: Motorcycle racing is dangerous. Each participant in competition has the responsibility to assess the safety aspects of the facilities and conditions and must assume the risk of competition.

Sponsors: _____ _____ _____ _____	Sign Up one of the following ways: <table style="width: 100%;"> <tr> <td style="width: 50%;">MAIL FORMS TO:</td> <td style="width: 50%;">FAX FORMS TO:</td> </tr> <tr> <td>Pacific Racing Organization</td> <td>(360) 825-2663</td> </tr> <tr> <td>741-D Stevenson Ave.</td> <td>Call to confirm fax has been recieved</td> </tr> <tr> <td>Enumclaw, WA. 98022</td> <td>(360) 825-2106 ext. 21 - Katie</td> </tr> <tr> <td colspan="2">(make checks payable to P.R.O.)</td> </tr> </table> <p>For more information contact: Garrett DeVol - (360) 825-2106 ext. 28 Katie DeVol - (360) 825-2106 ext. 21</p>	MAIL FORMS TO:	FAX FORMS TO:	Pacific Racing Organization	(360) 825-2663	741-D Stevenson Ave.	Call to confirm fax has been recieved	Enumclaw, WA. 98022	(360) 825-2106 ext. 21 - Katie	(make checks payable to P.R.O.)	
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Credit Card Info: Name on Card: _____	Last 3 digits on back
<input type="checkbox"/> VISA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> MASTERCARD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P.R.O. is authorized to charge my credit card	Signature: _____ Exp Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

For Official Use Only:			
TEAM: _____	PAID: YES / NO	INITIALS: _____	DATE RECEIVED: _____