

FOR OFFICE USE ONLY:
BIB# _____

**PLEASE PRINT LEGIBLY!**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL. (HOME) \_\_\_\_\_ TEL. (WORK) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE: MONTH \_\_ \_\_ DAY \_\_ \_\_ YEAR \_\_ \_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

TEL. \_\_\_\_\_

**ROUTE:** (Please check)  25 MILES  50 MILES  METRIC CENTURY (63 Miles)

(Please check)  SINGLE RIDER (\$45.00)  TANDEM TEAM (\$75.00) ..... \$ \_\_\_\_\_

NAME OF TANDEM PARTNER \_\_\_\_\_

**RAFFLE TICKETS** (\$1.00 EACH OR 6 FOR \$5) ..... \$ \_\_\_\_\_

**BARBECUE LUNCH** (\$13 EACH X \_\_\_\_\_ PERSON(S)) ..... \$ \_\_\_\_\_

**TOTAL FROM SOUVENIR ORDER FORM** ..... \$ \_\_\_\_\_

**ENTRY FORM CLOSING DATE: OCT 14, 2008**

**GRAND TOTAL** \$ \_\_\_\_\_

**RIDE RAIN OR SHINE.  
NO REFUNDS AND/OR TRANSFERS  
TO OTHER RIDES. FOR INFORMATION  
OR TO VOLUNTEER, CALL  
(562) 690-9693**

<b>C H E C K L I S T</b>	
<input type="checkbox"/>	ENTRY FORM COMPLETED
<input type="checkbox"/>	SOUVENIR ORDER COMPLETED
<input type="checkbox"/>	CHECK ROUTE
<input type="checkbox"/>	CHECK OR MONEY ORDER POSTMARKED BEFORE 10/14/08

<b>C O N F I R M A T I O N</b>	
A confirmation card with your assigned bib number will be mailed to all registered riders.	
<b>Please bring this card with you to the pre-registration area.</b>	

<b>M A I L T O :</b>	
Mail completed entry form and completed souvenir form with check or M.O. payable to SCOR before 10/14/08 to:	
<b>SCOR</b> P.O. Box 9065 Brea, Calif. 92822	
For On-Line information/registration <b>www.bikescor.com</b>	