

# Century 2008

**SOLVANG CENTURY ENTRY FORM**

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)  50 MILES  100 Miles

(Please check)  SINGLE RIDER (\$65.00)  TANDEM TEAM (\$120.00) ..... \$ \_\_\_\_\_

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

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

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

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

PLEASE INDICATE:

FIRST TIME SOLVANG RIDER  PRIOR SOLVANG RIDER

**ENTRY FORM CLOSING DATE 2/22/08**

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

**C H E C K L I S T**

- ENTRY FORM COMPLETED
- SOUVENIR ORDER COMPLETED
- CHECK ROUTE
- CHECK OR MONEY ORDER POSTMARKED BEFORE 2/22/08

**C O N F I R M A T I O N**

A confirmation card with your assigned bib number will be mailed to all registered riders. Please bring this card with you to the pre-registration area.

**M A I L T O :**

Mail completed entry form and completed souvenir form with check or M.O. Payable to SCOR before 2/22/08 to:

**SCOR**  
P.O. Box 9065  
Brea, Calif. 92822

For On-Line information  
**www.bikescor.com**

**P A P E R L E S S O P T I O N :**

Register on-line at **www.bikescor.com**