



TEST DAY ENTRY FORM - JULY 3rd, 2020

Please enclose payment with registration form and mail or fax to:
Canadian Motorsport Ventures Ltd.
 3233 Concession Rd. #10, Bowmanville, Ontario Canada L1C 3K6
 Phone: 905-983-9141 Fax: 905-983-5195
 E-mail: info@ctmpark.com Web Site: www.canadiantiremotorsportpark.com

Team Name/Owner: _____ Phone: _____
 Address: _____ City: _____ Postal Code: _____
 Email Address: _____
 Car Make: _____ Model: _____ No: _____ Colour: _____
 Driver's Name(s) _____ Race License _____
 In Case Of Emergency Contact: _____ Phone: _____
 Address: _____ City: _____ Postal Code: _____

TEST DAY	\$300 on or before:	\$350 on or before:	\$400 after:
July 3	June 19 <input type="checkbox"/>	June 26 <input type="checkbox"/>	July 3 <input type="checkbox"/>
All prices include HST. HST # 819709312			TOTAL

Please check one of the following: (please make cheque payable to "Canadian Motorsport Ventures Ltd.")

Cash: Cheque: M/C: Visa: DD:

Account Number: _____ Exp. Date: _____

Signature: _____ CVC # (last 3 digits) _____

On test day, participants must go to the Registration Centre(located to the right of the Main Gate) to register (if they have not already), sign-in, and receive their test day sticker

All Drivers must sign the waiver form at gate and wear proper helmets and appropriate apparel.

All vehicles must be safe and track worthy and are the sole responsibility of the owner/driver.

Date Received	Processed By	Authorization No