



2017 REGIONAL TEST DAY ENTRY FORM

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: _____

Special Price: Pay for all four days prior to April 1st and pay only \$900.00

**All prepayments MUST be received or post-marked prior to dates noted

PLEASE NOTE: WE DO NOT ISSUE REFUNDS

TEST DAY	\$250 on or before:	\$300 on or before:	\$350 after:
May 12	April 28 <input type="checkbox"/>	May 5 <input type="checkbox"/>	May 5 <input type="checkbox"/>
July 28	July 14 <input type="checkbox"/>	July 21 <input type="checkbox"/>	July 21 <input type="checkbox"/>
September 15	September 1 <input type="checkbox"/>	September 8 <input type="checkbox"/>	September 8 <input type="checkbox"/>
September 29	September 15 <input type="checkbox"/>	September 22 <input type="checkbox"/>	September 22 <input type="checkbox"/>
All prices include HST. HST # 819709312			T O T A L

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) _____

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.

Canadian Tire Motorsport Park will hold Test Days prior to major events

Call for details!

Date Received	Processed By	Authorization No