2021 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:				
			: Postal Code:			
Car Make:	Mode	el:	No:	Colou	r:	
Driver's Name(s)		R	ace License			
In Case Of Emergency	Contact:		Phone: _			
Address:			Postal Cod	le:		
	Special Price: Pay for **All prepayments N PLEAS	1UST be red		rked prior to c	-	
TEST DAY	\$300 on or before:		\$350 on or before:		\$400 after:	
May 7	April 23	7	April 30		April 30	
July 16	July 2		July 9		July 9	
September 17	September 3		September 10		September 10	
October 1	September 17		September 24		September 24	
All prices include HST. HST # 819709312					TOTAL	
Cash:	eck one of the following: (и/с: 🔲	Visa:	DD:	·	.td.")
Signature: CVC # (last 3 digits)						
	ust sign the waiver for must be safe and tra	_			• • •	
	participants must go t register (if they have	_			_	ain Gate)
(Canadian Tire Motors	-	will hold Test Do Il for details!	ays prior to n	najor events	
Date Received	Processed By		Authorization No			