## **2023 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:			City:	Postal Code:			
Email Address:							
Car Make:	Mc	del:	No:		Colour:		_
Driver's Name(s)			Race License				
In Case Of Emergency	Contact:		Phone: _				
Address:			City:		Postal Code:		
	Special Price : Pay	for all fo	ur days prior to April 1	st and pa	ay only \$1,000.00		
	**All prepayments	MUST b	e received or post-ma	rked pric	or to dates noted		
	PLE	ASE NOT	TE: WE DO NOT ISSUE	REFUND	S		
TEST DAY	\$300 on or	\$300 on or before:		\$350 on or before:		\$400 after:	
May 5	April 21		April 28		April 28		
July 28	July 14		July 21		July 21		
September 15	September 1		September 8		September 8		
September 29	September 15		September 22		September 22		
All prices include HST. HST # 819709312					TOTAL		
Cash:	Cheque:	м/с: [	make cheque payable to  Visa: Exp. Date	DD:	·	Ltd."	)
Signature: CVC # (last 3 digits)							
	_		t gate and wear proporthy and are the sol				
			Registration Centre ready), sign-in, and	•	_		Gate)
C	Canadian Tire Moto	rsport F	Park will hold Test Do Call for details!	ays prioi	r to major events		
Date Received	Processed By		Authorization No				