2024 REGIONAL TEST DAY ENTRY FORM

Please enclose payment with registration form and mail or email to:

Canadian Motorsport Ventures Ltd.

3233 Concession Rd. #10, Bowmanville, Ontario Canada L1C 3K6
Phone: 905-983-9141 E-mail: info@ctmpark.com
Web Site: www.canadiantiremotorsportpark.com

Team Name/Owner:				_	Phone:		
Address:		City:	City: Postal C		l Code:		
Email Address:							
Car Make: Model:		del:	No: Colour: _		Colour:		
Driver's Name(s)		R	ace License				
In Case Of Emergency C	Contact:		Phone:				
Address:		City:	y: Postal Co		l Code:		
	Special Price : Pay f	or all four da	ys prior to April	1st and pa	y only \$1,100.00		
	**All prepayments PLEA		eived or post-m VE DO NOT ISSU	•			
TEST DAY	\$325 on or before:		\$375 on or before:		\$425 after:		
May 3	April 19		April 26		April 26		
July 26	July 12		July 19		July 19		
September 20	September 6		September 13		September 13		
October 4	September 20		September 27		September 27		
All prices include HST. HST # 819709312					TOTAL		
	Cheque:	M/C:	Visa: Exp. Da	DD:	n Motorsport Ventures Ltd.") CVC # (last 3 digits)		
	_		•	•	ets and appropriate apparel. sibility of the owner/driver.		
		_		-	to the right of the Main Gate) neir test day sticker		
Ca	anadian Tire Motor	-	will hold Test L I for details!	Days prior	to major events		
Date Received	Processed By		Authorization No				