



## 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			<b>TOTAL</b>

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