

# PROMOTER TEST DAY ENTRY FORM

Please enclose payment with registration form  
and e-mail, mail or fax to: Kim Gose  
Sebring International Raceway, Inc.

113 Midway Drive, Sebring FL 33870

Phone: 863-655-1442, ext. 218 / Fax: 863-655-1777

E-mail: [kgose@sebringraceway.com](mailto:kgose@sebringraceway.com) / Website: [www.sebringraceway.com](http://www.sebringraceway.com)

Team: \_\_\_\_\_ Date: \_\_\_\_\_

Series: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's Name(s)	Car Number	Model
_____	_____	_____
_____	_____	_____

Event Name	Dates	Fee Per Car Before Jan. 8 <sup>th</sup> , 2010*	Quantity	Total
Open Test	January 22 <sup>nd</sup>	\$400.00 US		

\*After January 8<sup>th</sup>, 2010 the Fee per car will be \$450.00 US

Support Series: \_\_\_\_\_ Patrón GT3 Challenge by Yokohama  
(Check One) \_\_\_\_\_ Cooper Tires Prototype Lites Championship  
\_\_\_\_\_ Cooper Tires Atlantic Championship Powered by Mazda  
\_\_\_\_\_ Star Mazda Championship by Goodyear  
\_\_\_\_\_ Formula 2000

Please check one of the following: (make checks payable to Sebring International Raceway, Inc.)

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_ AMEX: \_\_\_\_\_ Discover: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Account \_\_\_\_\_

**All Drivers must sign the waiver form at Registration and wear proper helmets and appropriate apparel. All vehicles must be safe and track worthy and are the sole responsibility of the owner/driver.**

**Office Use Only:** Date Rec'd \_\_\_\_\_ Proc'd By \_\_\_\_\_ Authorization \_\_\_\_\_