

TEST DAY ENTRY FORM

Please enclose payment with registration form and mail or fax to: Jan Shoop Sebring International Raceway, Inc. 113 Midway Drive, Sebring FL 33870

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

E-mail: jshoop@sebringraceway.com / Website: www.sebringraceway.com

Team: Series: Address:				Date: Phone: Fax:									
							City:				State: Zip:		
							Driver's Name(s)			Car Number	Model	odel	
													
Event Name	Dates	Test Day (Check One)	Series	Fee	Quantity	Total							
Open Test	March 15 th	(Gileek Gile)	American Le Mans Series	\$1,000.00 US									
Open Test	March 16 th		American Le Mans Series	\$500.00 US									
Open Test	March 16 th		Support Series (1)	\$500.00 US									
Open Test	March 16 th		Support Series (2)	\$200.00 US									
Open Test	March 17 th		American Le Mans Series	\$1,000.00 US									
Support Serie			pe Lites, Patron GT3 p Powered by Mazda										
Support Serie	es (2): Skip B	arber											
Please check	one of the follo	wing: (make ch	necks payable to Seb	oring Internation	al Raceway	, Inc.)							
Cash:	Check:	Visa:	MC:	AMEX:	Discov	/er:							
Account Number:			Exp Date:										
Signature: Name on Account													
			stration and wear pro are the sole responsil			apparel. All							
Office Use Only: Date Rec'd Proc'd By Authorization													