

TEST DAY ENTRY FORM

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

Kim Gose

Sebring International Raceway, Inc.

113 Midway Dr., Sebring FL, 33870

Phone: 863-655-1442 Fax 863-655-1777

E-mail: kgose@sebringraceway.com Website: www.sebringraceway.com

Team: _____ Date: _____

Series: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State _____ Zip _____

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

Event Name	Dates	Test Day (Check One)	Series	Fee	Quantity	Total
------------	-------	-------------------------	--------	-----	----------	-------

Open Test	March 12 th		American Le Mans Series	\$900.00 US		
Open Test	March 13 th		American Le Mans Series	\$900.00 US		
Open Test	March 13 th		Support Series (1)	\$500.00 US		
Open Test	March 13 th		Support Series (2)	\$150.00 US		
Open Test	March 12 th &13 th		American Le Mans Series	\$1,600.00 US		

Support Series (1): SPEED World Challenge, Panoz Racing Series, IMSA GT3 Cup Challenge, Star Mazda Series, and IMSA Lites

Support Series (2): Skip Barber

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

Cash: _____ Check: _____ Visa: _____ MC: _____ AX: _____ 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 _____