



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: _____ 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 15 th		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 Series (1):

Support Series (2):

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 _____