



TEST DAY ENTRY FORM

Please enclose payment with registration form and mail or fax to:
PANOZ MOTOR SPORTS
 3233 Concession Rd. #10, Bowmanville, Ontario, Canada L1C 3K6
 Phone: 905-983-9141 Fax: 905-983-5195
 E-mail: info@mosport.com Website: www.mosport.com

Team: _____ Date: _____
 Series: _____ Phone: _____
 Address: _____ Fax: _____

 Postal/Zip: _____

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

EVENT NAME	TEST DAY(check one)	FEE	QUANTITY	TOTAL
ALMS	August 16/01	\$ 400.00		
All prices include GST. GST # 895629020				

Please check one of the following: (please make cheque payable to "Panoz Motor Sports")

Cash: Cheque: M/C: Visa: DD:

Account No: _____ Exp. Date: _____

Signature: _____

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.

Please sign in at The Castrol Tower on the morning of Test Day

Office Use Only	Date Rec'd	Proc'd By	Authorization