

Deutscher Automobil Club

Test Day – May 29th, 2009

Entry Form

Entrant's Information:

Car Owner/Driver _____ Phone _____
Address _____ City _____
Prov./State _____ Postal Code _____
If driving, indicate Road/Comp. Lic. # _____ Issued By _____
Emergency Contact _____ Phone _____
Address _____ City _____
Postal Code _____ Relationship _____ At track? Y N

Vehicle Information:

Make/Model _____ Colour(s) _____ Car No. _____

(circle one) Open Wheel Closed Wheel

Rules & Notes:

1. Additional Drivers must complete reverse side of this form.
2. All drivers must wear approved helmets and clothing while on the track
3. All vehicles must be safe and track-worthy and are the sole responsibility of the owner/driver
4. All persons entering Shannonville Motorsport Park must sign a waiver form at Registration
5. Entry fee is \$250.00 per car

I have read the above information given by me and attest it to be true. I have read the Rules & Notes above and agree to be bound by them.

Signature of Owner/Driver _____ Date _____

Checked By _____ Fee Paid \$ _____ Cash / Cheque

Additional Drivers

Driver #2 _____ Phone _____

Address _____ City _____

Prov./State _____ Postal Code _____

If driving, indicate Road/Comp. Lic. # _____ Issued By _____

Emergency Contact _____ Phone _____

Address _____ City _____

Postal Code _____ Relationship _____ At track? Y N

I have read the above information given by me and attest it to be true. I have read the Rules & Notes on the reverse and agree to be bound by them.

Signature of Driver #2 _____ Date _____

Driver #3 _____ Phone _____

Address _____ City _____

Prov./State _____ Postal Code _____

If driving, indicate Road/Comp. Lic. # _____ Issued By _____

Emergency Contact _____ Phone _____

Address _____ City _____

Postal Code _____ Relationship _____ At track? Y N

I have read the above information given by me and attest it to be true. I have read the Rules & Notes on the reverse and agree to be bound by them.

Signature of Driver #3 _____ Date _____