2022 REGIONAL TEST DAY ENTRY FORM

Please enclose payment with registration form and mail or fax to:
Canadian Motorsport Ventures Ltd.
3233 Concession Rd. #10, Bowmanville, Ontario Canada L1C 3K6
Phone: 905-983-9141 Fax: 905-983-5195
E-mail: info@ctmpark.com Web Site: www.canadiantiremotorsportpark.com

Team Name/Owner:				Phone:	
Address:	City:		Postal Code:		
Email Address:					
Car Make:	Model:	No:	Colou	our:	
Driver's Name(s)		Race License			
n Case Of Emergency	Contact:	Phone:			
Address:	ress: City:		Postal Coo	de:	
		DTE: WE DO NOT ISSUE F	REFUNDS		
TEST DAY	\$300 on or before:		before:	\$400 after:	
	April 22	April 29		April 29	
-					
uly 22	July 8	July 15		July 15	
uly 22 September 16	July 8 September 2	September 9		September 9	
uly 22 September 16	July 8			September 9	
July 22 September 16 September 30	July 8 September 2 September 16	September 9		September 9	
Cash:	July 8 July 8 September 2 September 16 # 819709312 Seck one of the following: (please Cheque: M/C:	September 9	D: 🔲	September 9	
Iuly 22 September 16 September 30 All prices include HST. HST Please che Cash:	July 8 July 8 September 2 September 16 F# 819709312 Seck one of the following: (please	September 9	D: 🔲	September 9	

All vehicles must be safe and track worthy and are the sole responsibility of the owner/driver.

On test day, participants must go to the Registration Centre(located to the right of the Main Gate) to register (if they have not already), sign-in, and receive their test day sticker

Canadian Tire Motorsport Park will hold Test Days prior to major events Call for details!

Date Received	Processed By	Authorization No