



# TEST DAY ENTRY FORM

Please enclose payment with registration form  
 and mail or fax to: Kim Gose  
 Sebring International Raceway, Inc.  
 113 Midway Drive, Sebring FL 33870  
 Phone: 863-655-1442, ext. 207 / Fax: 863-655-1777

E-mail: [kgose@sebringraceway.com](mailto:kgose@sebringraceway.com) / Website: [www.sebringraceway.com](http://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 10 <sup>th</sup>		American Le Mans Series	\$1,000.00 US		
Open Test	March 10 <sup>th</sup>		Star Mazda Championship	\$750.00 US		
Open Test	March 11 <sup>th</sup>		American Le Mans Series	\$1,000.00 US		
Open Test	March 11 <sup>th</sup>		Support Series (1)	\$500.00 US		
Open Test	March 11 <sup>th</sup>		Support Series (2)	\$200.00 US		
Open Test	March 10 <sup>th</sup> and 11 <sup>th</sup>		American Le Mans Series	\$1,800.00 US		

Support Series (1): SPEED World Challenge, IMSA Challenge, Star Mazda Championship, 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: \_\_\_\_\_ 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 \_\_\_\_\_