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REGISTRATION FORM

IN ORDER TO REGISTER FOR A TRACK TECHNIQUES PROGRAM, PLEASE COMPLETE THIS FORM IN FULL AND RETURN IT EITHER BY EMAIL OR REGULAR MAIL.

DATE / TYPE OF CLASS: _____

DRIVER CONTACT INFO

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

OFFICE PHONE: _____ EMAIL: _____

VEHICLE INFO

YEAR: _____ TRANSMISSION TYPE: _____

MAKE: _____

MODEL: _____

EXPERIENCE

DO YOU HAVE ANY TRACK EXPERIENCE AT RACE CITY? YES NO

IF YES, APPROXIMATELY HOW MANY LAPS? _____

WHAT WAS YOUR LAP TIME (IF AVAILABLE)? _____

EXPECTATIONS

WHAT ARE YOUR EXPECTATIONS FOR THIS PROGRAM, AND WHAT WOULD YOU LIKE TO LEARN?
