



**SONOMA - TRANS AM TEST DAY ENTRY FORM**

Driver \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Car Year \_\_\_\_\_ Car # \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_

**TEST DAY – \$300**

Credit Card:  VISA    Mastercard    AMEX    DISCOVER

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

CID Code \_\_\_\_\_

Signature (If Credit Card) \_\_\_\_\_

<p><b>SVRA</b> 1312 Regency Court Southlake, TX 76092 Ph: 817-521-5158 Fax: 817-953-3550 Email: <a href="mailto:kathy@svra.com">kathy@svra.com</a></p>	
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