



**SVRA PORTLAND  
MASTER'S GROUP TEST DAY ENTRY FORM**

Driver \_\_\_\_\_

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

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

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

Model \_\_\_\_\_

TEST DAY - \$175 \_\_\_\_\_

Credit Card:  VISA  Mastercard  AMEX  DISCOVER

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

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

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

**SVRA**  
1312 Regency Court  
Southlake, TX 76092  
Fax: 817-953-3550  
Email: [kathy@svra.com](mailto:kathy@svra.com)