



# WATKINS GLEN - 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) \_\_\_\_\_

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