



Track Pass Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Email _____ Date of Birth _____

***Email is used to inform you of any changes in track days.*

Emergency Contact _____ Phone () _____

Annual Membership - \$100

(Membership Fee Increases to \$150 if purchased after May 1)

Participant Fees:

Members - \$30

Non Members - \$50

Pit Passes - \$12

(Member and Non Member fee includes participants pit pass)

I am enclosing payment by: Cash Check Credit Card

All sales are final. No refunds or exchanges

<p><i>Make checks payable to:</i> Road America P.O. Box 338 Elkhart Lake, WI 53020</p> <p>Phone 1-800-365-7223 Fax (920) 892-4550 www.roadamerica.com</p>	<p><i>Credit Card</i> (MasterCard) (Visa) (Discover)</p> <p>Full Name on Card _____</p> <p>Card No. _____ Exp.Date _____</p> <p>CVV#(3-digit code on back of card) _____</p> <p>Card Holder Signature _____</p> <p><i>Your signature is your acceptance of the purchase terms.</i></p>
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