

Kensai Racing

Lapping Registration Form

Date of Event: _____

Driver Information

First Name: _____

Last Name: _____

Address: _____

City: _____

Country: _____

Postal Code: _____

Car Make: _____

Model: _____

Colour of Car: _____

License Plate: _____

Group: Hot or Mild _____

Instructor: Yes or No _____

Number of Track Days at Mosport in the pass 2 years: _____

Contact Information

Phone Number: _____

Cell Number: _____

Fax Number: _____

Email Address: _____

Payment Information

Payment Type: Cash, Cheque, Visa, MasterCard _____

Amount: (CAD) _____

Customer Signature

Date: _____

Signature: _____

Office Use Only

Form Number: _____

Approved By: _____

Date: _____

Signature: _____

Group: _____

Car Number: _____