

# GINGERMAN REGISTRATION

Please print clearly!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Car (make, model, year): \_\_\_\_\_

License Plate Number / State: \_\_\_\_\_

Previous Track Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE READ BELOW!

**Where:** Gingerman Raceway, South Haven, MI

**When:** Sunday, April 15<sup>th</sup>

**Time:** 7:30 am Tech Inspection

8:30 am Driver's Meeting (Mandatory)

All times are in Eastern Time, please plan your time accordingly!

Lastly, be safe, have fun and thanks for coming!

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**Signature** \_\_\_\_\_

### FOR CVO USE ONLY

Received by: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_