

# FONTANA TRACK DAY

Fontana Autoclub Speedway | Thursday October 26th 2017 | 9:00am - 5:00pm

## REGISTRATION FORM

To reserve your spot for the Fontana Track Day, participation fee must be paid in full. Space is limited, registrations will be taken on a first come first served basis.

Please fill in the Registration Form and send it back by email: [Events@McLarenNB.com](mailto:Events@McLarenNB.com).

| REGISTRATION   |                 |       |
|--|-----------------|-------|
| FIRST NAME   | LAST NAME       |       |
| GUEST FIRST NAME   | GUEST LAST NAME |       |
| EMAIL  | CELL            |       |
| EMERGENCY CONTACT NAME   |                 |       |
| EMERGENCY CONTACT NUMBER   |                 |       |
| VEHICLE YEAR   | MAKE            | MODEL |
| TRACK EXPERIENCE (CHECK ONE) <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> EXPERT |                 |       |

Regular Track Day Fee: \$699 per participating car

Helmet Rental: \$20 Each

1 helmet     2 helmets

Guest Fee: \$30 per person

| CC AUTHORIZATION FORM   |       |           |
|---|-------|-----------|
| CARDHOLDER NAME   |       |           |
| BILLING ADDRESS   |       |           |
| CITY  | STATE | ZIP       |
| CREDIT CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard              |       |           |
| CREDIT CARD NUMBER    -    -    -   |       | EXP. DATE |
| CARD IDENTIFICATION NUMBER (3 DIGITS ON BACK OF CARD / 4 DIGITS ON FRONT OF AmEx)   |       |           |
| I hereby authorize McLaren Newport Beach to charge my card in the amount of \$ _____<br>for the Fontana Track Day Experience. |       |           |
| DATE: _____ SIGNATURE: _____  |       |           |

