

Please fill out all of the information below			
Name			
Address			
City		State	Zip
Phone			
Email			
Car#			
Year	Make	Model	

ORDER FORM:  ENTRY:  Full Payment x \$300 =  SUMMIT FLEX FEE (include CC# below)	3 Ways to Register!  1. Walk into our office 2. Fax to: 419.663.0502 3. Email to: ebader@SummitMotorportsPark.com	
Upon Receipt x \$100 =  Pmt. Due May 1, 2019 x \$100 =  Pmt. Due Sept. 1, 2019 x \$100 =  TOTAL AMOUNT ENCLOSED  No Refunds No Gold Cards  METHOD OF PAYMENT:  Check/Money Order (payable to Summit Motorsports Park)  VISA Master Card Amex Discover	Biggest Purse in  COLUMN HISTORY  CHISCORY  LIMITED TO 425 ENTREX	
CARD #:	Exp. Date: CVV #:	
Name on Card: COMPANY USE ONLY:	_ Signature:	
Date: / / Time:		