

Eagles Canyon Track Days Application

Event Date _____ Driver / Rider Name _____

E-mail _____ Phone _____

Address _____

Emergency Contact:

Name _____ Phone _____

Description of the vehicle you plan to use for the event _____

Describe your track driving experience including track names and approximate dates.

Is there any other information that would be helpful in making your day on the track more enjoyable? _____

PLEASE DO NOT E-MAIL CREDIT CARD INFORMATION. E-MAIL IS NOT SECURE.

IF YOU E-MAIL THE FORM, WE WILL TAKE THE CREDIT CARD INFORMATION BY PHONE AT (940) 466-9775.

IF YOU COMPLETE THIS SECTION, PLEASE FAX THE FORM TO OUR SECURE AND SSL ENCRYPTED SYSTEM AT TOLL FREE (866) 635-2395.

Credit/Debit Card Number **(FAX ONLY)** _____

Expires _____ Security Code _____ Type: Amex ___ MasterCard ___ Visa ___ Discover ___

Signature _____ Date _____

Printed Name _____