



**TRACK DAY  
British Extravaganza**



**Presented by VARA  
May 19<sup>th</sup> 2024**

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

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

**City/ State/ Zip:** \_\_\_\_\_

**Phone: Home:** (    ) \_\_\_\_\_ **Work:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Email address** \_\_\_\_\_

**Vehicle Information**

**Year** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Body Type:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Anything special about your vehicle you would like to share?**

\_\_\_\_\_

**Club Affiliations?**

\_\_\_\_\_

**Fee Information**

**Entry Fee: \$250 Buttonwillow Charges \$10.00 Gate Fee, 4 Track Sessions plus Classroom ,**

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**ENTRY REQUEST WAIVER**

As an entrant, I make this request for entry into the British Extravaganza car show with the knowledge that being around motor racing is dangerous, and that I will be expected to sign a "release form" before I enter the racing facility. I also authorize that my vehicle may be publicized in newspapers, magazines and/or television.

**Entrant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail Payment and Completed form to:**

**Or Fax to: 909-248-0628**

VARA, 4195 Chino Hills Parkway, #457, Chino Hills, CA 91709

**Checks should be made payable to Vintage Auto Racing Association**

**ENTRIES MUST BE IN BY May 3<sup>rd</sup> to QUAILFY FOR TROPHY**