

**2010
Misc**



OFFICE USE
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ACCESSORIES

Please Print Legibly

Team Name: _____

Entrant's Name: _____ Member # _____
(First Name) (M Initial) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____ (Country)

Signature: **X** _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Fax # _____ e-mail: _____

Car #: _____

Grand-Am Rolex Series Class: DP GT

Grand-Am Koni Challenge Series Class: GS ST

Hard-wired Driver ID Transponder No: _____

<input type="checkbox"/> Delphi Safety Light System Harness \$150 ea	_____
<input type="checkbox"/> Driver ID Transponder Harness only \$300 ea	_____
<input type="checkbox"/> Driver ID Plug \$95 ea	_____
<input type="checkbox"/> Driver ID Transponder only \$1200 ea	_____
<input type="checkbox"/> HARD-WIRED DRIVER-ID TRANSPONDER Kit (with 3 Plugs) \$1500 ea	_____
Total:	_____

You may remit by either credit card, check, or money order in U.S. Funds payable to: **Grand American Road Racing**. If you wish to charge your purchase, complete the following credit card information.

VISA Mastercard Discover American Express Check Expiration Date: _____

Card #:

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Name as it appears on card: _____

Signature: **X** _____

OFFICE USE ONLY	
Date Received _____ P/M _____	Amount _____
Check # / CC Approval Code _____	Processed By: _____