



REGISTRATION FORM

Wasatch Chapter BMW CCA
Advanced Car Control Clinic/Auto X School

FOR EVENT DATE _____ EVENT LOCATION _____

Name(s) of Drivers: _____

Address: _____

Email: _____

VEHICLE: Year/Model: _____

Phone Number: _____

Previous Event Experience (none is ok!)

Please complete this registration form. Enclose (see info) \$ _____ per driver:

Wasatch Chapter BMW CCA
P.O. Box 71084
Salt Lake City, Utah 84171

If you have further questions, please call Jeff Blonder @ 801-205-5605