

Trackside Support Form



Team Name:

Car Class / Number:

Purchased Items

	Unit Price	Quantity	Sub Total
AMB TranX 260 DP Transponder Purchase	\$450	<input type="text"/>	<input type="text"/>
Weekend Camera Rental	\$150	<input type="text"/>	<input type="text"/>
Total:			<input type="text"/>

Weekend Camera Rental

Rental Unit Number:

Item	Cost <small>(If lost or damaged)</small>	Issued	Returned	Damaged	Lost
PDR100 Recording Unit	\$650	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bullet Camera with Extension Cable	\$325	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDR Mounting Bracket	\$80	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDR Mounting Bracket Retaining Clamp	\$45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Camera Roll Bar Mount	\$65	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Camera Cradle	\$45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 16GB Compact Flash Memory Cards	\$110	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Information

Payment Method: Check Credit Card on File Alternate Credit Card:

Type of Card: Visa MasterCard Account Number:

Expiration Date: Name on Card:

I authorize SCCA Pro Racing to charge this credit card for the total amount listed above, plus fees for lost or damaged equipment.

Signature:

Date:

Print Name: