



Two Shaker Road, Suite F100  
Shirley, MA 01464  
phone: 978-425-3003  
www.pss-pos.com

## pss Racing Team Joining Form

### The sponsorship package

Please complete the below proposal form and fax to 978-425-3020.

Company Name:
Address:
City/State/Zip:
Contact Name:
Contact Title:
Contact Phone:
Contact Fax:
Contact e-mail:

- Race Weekend Package - \$2,150.00
  - Race Season Package - \$19,000.00\*
- \* Special events included in seasonal package.

### **Payment Information:**

Check #: \_\_\_\_\_ (made payable to **pss**)

Credit Card: Visa/MC/AMEX

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_, expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact Tracy Ross @ 978-425-3003 should you require any additional information regarding the 2005 Racing Events.