"BMW CCA DEALER DRIVE REBATE REQUEST

Please print or type:

Please complete this form and submit it within thirty (30) days after your event along with written verification of the event (flier, program, newsletter announcement, etc.). Participants can be from dealerships, independents, or other entities that might consider providing support to the Chapter.

Chapter Information	
Chapter Name:	
Event Coordinator's Name:	
Event Coordinator's Phone:	
Event Information	
Location of Event:	
Date: N	umber of Attendees:
Participant Information	
Name of Attendee #1:	
Name of Business:	
Participant Fee: \$	X 50% = Rebate Amount: \$
Name of Attendee #2:	
Name of Business:	
Participant Fee: \$	X 50% = Rebate Amount: \$
	Total Rebate: \$
Membership Verification and Approval:	

Please return to:
BMW CCA

640 South Main, Suite 201 Greenville, S.C. 29601 fax: **864 250-0038**