

BMW CCA DEALER DRIVE REBATE REQUEST

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.

Please print or type:

Chapter Information

Chapter Name: _____

Event Coordinator's Name: _____

Event Coordinator's Phone: _____

Event Information

Location of Event: _____

Event: _____

Date: _____ Number of Attendees: _____

Participant Information

Name of Attendee #1: _____

Name of Business: _____

Title and/or Job Description of Attendee #1: _____

Participant Fee: \$ _____ X 50% = **Rebate Amount:** \$ _____

Name of Attendee #2: _____

Name of Business: _____

Title and/or Job Description of Attendee #2: _____

Participant Fee: \$ _____ X 50% = **Rebate Amount:** \$ _____

Total Rebate: \$ _____

Membership Verification and Approval:

Please return to:
BMW CCA
2350 Highway 101 S
Greer, SC 29651
fax: 864 250-0038
email: BMWCCA@att.net