

(Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yy)

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Lot rates</b>	<b>10-day</b>	<b>Per day</b>
Saddledome Parkade Level #1	\$600	\$60
Lot 11	\$550	\$55
Lot 8 Handicap	NA	\$55

Requested lot: \_\_\_\_\_ Number of passes \_\_\_\_\_ Requested dates: \_\_\_\_\_

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**TOTAL \$** \_\_\_\_\_

**PAYMENT OPTION**

Visa    Mastercard    Other: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Name of card holder: \_\_\_\_\_ Card holder signature: \_\_\_\_\_

**Office Tracking**

Payment transaction date: \_\_\_\_\_ Pass number issued: \_\_\_\_\_  
(mm/dd/yy)

Authorization # \_\_\_\_\_ Amount Processed: \_\_\_\_\_