

(Please print clearly)

Name: _____ Date: _____
(mm/dd/yy)

City: _____ Province/State: _____

Phone number: _____ Email: _____

Lot rates	10-day	Per day
Saddledome Lot A	\$500	\$50
Lot 11	\$500	\$50
Lot 8 Handicap	NA	\$50

Requested lot: _____ Number of passes _____ Requested dates: _____

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Requested lot: _____ Number of passes _____ Requested dates: _____

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: _____