



Season Ticket Agreement

Name: _____

Today's Date: _____

Address: _____

Day Phone: _____

City/State: _____

Night Phone: _____

Zip Code: _____

E-mail: _____

Season Ticket Adult

Number of Tickets _____ x \$200 = _____

Season Ticket Kid

Number of Tickets _____ x \$100 = _____

Total: \$ _____

Section: _____

Aisle: _____

Assigned Seat: _____

Billing Schedule

Total of Tickets: \$ _____

Deposit Paid: \$ _____

Total Amount Due: \$ _____

Final Payment Date: _____

Method of Payment: Cash ___ Check ___ Credit Card ___

Visa ___ MasterCard ___ Discover ___

Card #: _____ Expiration Date: _____ CCV #: _____

Payment Schedule: _____

*All terms of agreement for the 2010-2011 Arena Racing Season. All the dates and times are subject to changes without advance notice.

Customer

Date

Grand Rapids Racing, LLC

Date

**For further information, please contact Arena Racing Grand Rapids (616) 559-7979.