



VIP Season Ticket / Season Box Suite / Season Pit Pass Agreement

Name: _____ Today's Date: _____

Address: _____ Day Phone: _____

City/State: _____ Night Phone: _____

Zip Code: _____ E-mail: _____

If referred by a Race Car Driver, please give us their name _____ **WE MUST HAVE YOUR EMAIL ADDRESS!**

| | |
|---|---|
| VIP Season Ticket Adult | Number of Tickets _____ x \$200 = _____ |
| VIP Season Ticket Kid | Number of Tickets _____ x \$100 = _____ |
| VIP Box Suite (12 Seats) | Number of Boxes _____ x \$3,000 = _____ |
| Season Pit Pass | Number of Season Pit Passes _____ x \$375 = _____ |
| Total: \$ _____ | |
| Section: _____ | Aisle: _____ Assigned Seats: _____ |
| Billing Schedule | Ticketmaster Acct # _____ (box office only) |
| 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: _____ | |
| | |
| _____ | _____ |
| Agreed to by Customer (Signature) | Date |
| _____ | _____ |
| Grand Rapids Racing, LLC Representative | Date |

*All terms of agreement for the 2009-2010 Arena Racing Season. All the dates and times are subject to changes without advance notice. Season tickets are non-refundable. Order must be paid in full before ticket distribution.

**For further information, please contact Arena Racing Grand Rapids

Phone: (616) 559-7979 Fax orders to (616) 559-7988 (This is a confidential fax machine)

2500 Turner Ave NW – Grand Rapids, Michigan 49341