



2024 Season Pass Form



Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____

GENERAL ADMISSION GRANDSTAND PASSES

<i>Pass Type (check one)</i>	<i>Price/Each</i>	<i>Quantity</i>	<i>Name on Pass</i>	<i>Total</i>
Grandstand General Admission – Adult (age 13+)	\$300.00	_____	_____	\$ _____
Reserved General Admission Seating	\$ 50.00	_____	_____	\$ _____

PIT AREA PASSES

<i>Pass Type (check one)</i>	<i>Price/Each</i>	<i>Quantity</i>	<i>Name on Pass</i>	<i>Total</i>
Pit Area Admission (With Membership License Purchased Separately)	\$500.00	_____	_____	\$ _____

-NO REFUNDS -\$50 replacement fee per pass -Certified Mail available for \$6.00 per pass Total Payment: \$ _____

Circle Payment Type: Credit/Debit Card Check Cash Money Order
NOTE: Add 4% Processing Fee Payable to Airborne Park Speedway No cash by mail

Credit Card Number (Add 4% Processing Fee): _____ Exp. Date (MM/YY): _____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____

SEND ORDER TO: Airborne Park Speedway – 2743 VT RT 22A , West Haven, VT 05743

Make check payable to Airborne Park Speedway! www.AirborneParkSpeedwayNY.com ** ALL PASSES WILL BE MAILED BEFORE FIRST RACE******