

# 2018 STAFFORD MOTOR SPEEDWAY SEASON PARTICIPANT PADDOCK PERMIT APPLICATION

Season Participant Paddock Permits include admission to 2018 NASCAR racing events. Season Participant Paddock Permits are **not valid** for Monster Trucks, Wild Thing Karts, Swap Meets, **or any other event(s)** that may be added to the schedule.

TEAM AFFILIATION: \_\_\_\_\_ [ ] SK MODIFIED® [ ] LATE MODEL [ ] SK-LIGHT [ ] LTD. LATE MODEL [ ] STREET STOCK

**PERMIT FEE:** **\$470.00** If purchased from December 16, 2017 through March 16, 2018  
**\$500.00** If purchased from March 17, 2018 through May 4, 2018



**RESERVED SEAT UPGRADE ADD:** **\$50.00 each seat location**

\_\_\_\_\_ Please check here to renew your current reserved seat location: Sect \_\_\_\_\_ Row \_\_\_\_\_ Seat \_\_\_\_\_

\_\_\_\_\_ Please check here for a new seat and indicate your preferred seat location: Sect \_\_\_\_\_ Row \_\_\_\_\_ Seat \_\_\_\_\_

**PLEASE NOTE: ALL PERMITS WILL BE SENT TO ADDRESS OF NAME #1. MUST BE AT LEAST 14 YRS. OF AGE TO ENTER PADDOCK AREA.**

\_\_\_\_\_ NAME #1 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ NAME #2 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ NAME #3 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ NAME #4 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NUMBER OF PERMITS: \_\_\_\_\_ AMOUNT ENCLOSED (Please incl. \$3.00 for S & H): \$ \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **STAFFORD SPRINGS ENTERPRISES, INC.**

[ ] MASTER CARD [ ] VISA [ ] AMERICAN EXPRESS [ ] DISCOVER

CARD HOLDER'S NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_

CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARD HOLDER'S BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**A REPLACEMENT FEE OF \$20.00 WILL BE CHARGED FOR ANY CARD THAT IS LOST OR STOLEN.**  
(Use back side for additional names)