



Stafford Motor Speedway

55 West Street • P.O. Box 105
Stafford Springs, CT 06076
Phone: 860-684-2783 • Fax: 860-684-6236
E-Mail: stafford.speedway@snet.net
Website: staffordspeedway.com

2009 SEASON PADDOCK PERMIT APPLICATION

PLEASE PRINT OR TYPE NOTE: All permits will be sent to address of name #1.

CAR #: _____ SK-MODIFIED LATE MODEL SK-LIGHT LTD. LATE MODEL DARE STOCK

Future Season Pass Applications will be sent to you via e-mail.

Please provide a working e-mail address in this space so that we may add it to our records.

E-MAIL ADDRESS: _____

____ 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: _____

(Use back side for additional names)

UPGRADE OPTION

Prices: **\$450.00** If purchased from December 16, 2008 to March 16, 2009.....Add reserved seat - \$50.00
\$500.00 If purchased from March 17, 2009 through May 8, 2009.....Add reserved seat - \$50.00

____ Please check here if you wish to renew your current reserved seat location. Sect. _____ Row _____ Seat _____

____ Please check here for a new seat upgrade and indicate your preferred seat location. Sect. _____ Row _____ Seat _____

A REPLACEMENT FEE OF \$20.00 WILL BE CHARGED FOR ANY CARD THAT IS LOST OR STOLEN.

GOOD ONLY FOR STAFFORD NASCAR & ISMA RACING EVENTS

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: _____

CARD #: _____ EXP. DATE: _____

ADDRESS OF CREDIT CARD: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

NAME #4 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #5 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #6 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #7 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #8 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #9 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #10 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #11 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #12 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____

NAME #13 _____ DATE OF BIRTH ____/____/_____
STREET: _____ PHONE (____) _____
CITY: _____ STATE: _____ ZIP: _____