



Garage Request Form

Suzuki Superbike Challenge – March 26 - 28, 2010

Rider Name: _____ Bike # _____

Team Organization Name: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code _____

Phone Number: _____ Fax Number: _____

Office Contact: _____

Email Address: _____

INFORMATION REQUIRED FOR GARAGE SPACE RENTAL

Number of Garage Door(s) Requested: _____
(\$300 Per Door - One door equals 2 bays)

Onsite Contact: _____ Phone #: _____

Credit Card Number # _____ Expiration Date: _____
(Visa, Master Card, Discover or American Express Cards)

Card Holder Name: _____

Signature: _____

Motor Coach Space(s) if needed: _____

Name of Person Occupying Space(s): _____

Requests or Comments: _____

Forms must be submitted to: Rachel Pitchford, Auto Club Speedway, 9300 Cherry Avenue, Fontana, CA 92335 OR FAX: 909.429-5500. If you have any questions please call 909.429.5550 or email rpitchford@autoclubspeedway.com

NO FORM – NO RESERVATION – NO EXCEPTIONS – NO REFUNDS