

Information on this application is strictly for the use of RARC to communicate with you and is not to be published in any form

Name : \_\_\_\_\_

Name to be shown on Season Pass if different from above:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to be put on our information list Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred method of Contact: E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

Season Pass

Adult \_\_\_\_\_ x \$95.00 = \$ \_\_\_\_\_

Youth (13 - 18) \_\_\_\_\_ x \$85.00 = \$ \_\_\_\_\_

Senior (60+) \_\_\_\_\_ x \$85.00 = \$ \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Cheque \_\_\_\_\_ Money Order \_\_\_\_\_ Cash

\*\*\*\* CREDIT CARD PAYMENTS AVAILABLE AT GETZ ENTERPRISES FOR A \$2.00 PROCESSING FEE. PLEASE CONTACT STACEY GETZ AT 949-9309\*\*\*\*

\*\*\*\* PLEASE DO NOT SEND CASH THROUGH THE MAIL

\*\*\*\* PLEASE MAKE CHEQUES PAYABLE TO REGINA AUTO RACING CLUB

PLEASE MAIL COMPLETED APPLICATION FORM AND PAYMENT TO:

**REGINA AUTO RACING CLUB  
P.O. BOX 3061  
REGINA, SASKATCHEWAN  
S4P 3G7**

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only**

Amount Paid: \_\_\_\_\_ Date Paid \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Pass No. \_\_\_\_\_