



2010 Altech FEI World Equestrian Games Parking Order Form

Name: _____ Date: _____

*Please write in the appropriate box the number of passes you will need under preferred or premium for each day.

| Day # | Date | Preferred \$60/day | Premium \$100/day | Total Price |
|---------------------|--------|-----------------------|----------------------|-------------|
| 1 | 25-Sep | | | \$ - |
| 2 | 26-Sep | | | \$ - |
| 3 | 27-Sep | | | \$ - |
| 4 | 28-Sep | | | \$ - |
| 5 | 29-Sep | | | \$ - |
| 6 | 30-Sep | | | \$ - |
| 7 | 1-Oct | | | \$ - |
| 8 | 2-Oct | | | \$ - |
| 9 | 3-Oct | | | \$ - |
| 10 | 4-Oct | | | \$ - |
| 11 | 5-Oct | | | \$ - |
| 12 | 6-Oct | | | \$ - |
| 13 | 7-Oct | | | \$ - |
| 14 | 8-Oct | | | \$ - |
| 15 | 9-Oct | | | \$ - |
| 16 | 10-Oct | | | \$ - |
| Grand Total: | | | | \$ - |



Please check the box next to the payment option you will be using:

- Enclosed is my check for my parking passes.
Please make checks payable to: World Games 2010 Foundation, Inc.
- Enclosed is my credit card information to purchase my parking passes.

If paying with a credit card, we need the following information from you:

1. Type of Card (Check one): Mastercard Visa American Express
2. Credit Card Number: _____
3. Name as it appears on the card: _____
4. Expiration Date: _____
5. Security Code: _____

Contact Information

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email Address: _____

Please Return To: Maggie Daniels

(Fax) 859.255.1027

Mdaniels@feigames2010.org

2010 World Games Way

Lexington, KY 40511-2010

