



550 Trackside Event Application

1. Contact Name: _____ Company Name: _____

Address: _____

City, State, Zip _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

2. Guest(s) of Honor: _____

3. Event Date: _____ Event Time: _____

4. Type of Event: _____ Anticipated Attendance: _____

5. Time Set-up Begins: _____ Time Clean-up Begins: _____

6. Event Planner: _____ Telephone: _____

7. Beverage Service: Full Bar: Yes No Beer/Wine Only: Yes No Consumption Bar: Yes No

8. Caterer: _____ Telephone: _____

9. Initial Payment: Check# _____

10. Final Payment due no later than 7 days prior to the event. Final Payment Date: _____

_____ have read and understand 550 Trackside Policy and Procedures as
(Insert your name on line above)

stated in the terms and conditions. We are remitting a 50% non refundable deposit at contract signing to secure the date and time
of our event for the amount of _____.

Signature _____ Date _____

550 Trackside Signature: _____ Date: _____