

## Season Family Pass Contract

Season of:	Family Representative ir	nfo
First Name:	M.I Last Nam <u>e:</u>	
Address:		
City	State	Zip
Phone :	Additional Pho	ne:
Email:		
Emergency Contact:		
Relationship to you:	Phone:	
1) Package will inclu	de up to 4 practice passes for all MotoX Op	pen Practice.
2) Pass holder inform	ation will be kept on file at the entry booth	1
3) Passes are valid fro	om March through October.	
4) Passes are not vali	d for gate entry for race days.	
5) Riders and spectar from the front gate	tors must continue to sign waiver & release e.	e forms as well as receive a wristband
6) Pass will be issued	to the following persons. (Immediate	Family Only)
Signature:		Date:
	Family Members	
Airway X Representative Si	gnature:	Date: