

AIRWAY X MOTOCROSS PARK

Season Pass Contract

Season of: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

_____ City _____ State _____ Zip _____

Phone : _____ Additional Phone: _____

Email: _____

Emergency Contact: _____

Relationship to you: _____ Phone: _____

- 1) Package will include 1 practice pass for all MotoX Open Practice.
- 2) Pass holder information will be kept on file at the entry booth.
- 3) Passes are valid from March through October.
- 4) Passes are not valid for gate entry for race days.
- 5) Riders and spectators must continue to sign waiver & release forms as well as receive a wristband from the front gate.
- 6) Pass will be issued to the following person.

Signature: _____

Date: _____

If a minor, Signature of Guardian: _____

Date: _____

Airway X Representative Signature: _____

Date: _____