



**Promoted by Premier Speedway Club**  
 Located at 10275 Princes Highway, Allansford VIC 3277  
 ACN 005 038 246 ABN 71 005 038 246  
 PO Box 335, Warrnambool VIC 3280 AUSTRALIA  
**Ph:** (03) 5565 1789  
**Fax:** (03) 5565 1313 **Mob:** 0408 529 625  
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[www.premierspeedway.com.au](http://www.premierspeedway.com.au)

## 2017-18 TERRACE SEATING APPLICATION

Please read and complete this application. All Details on this form **MUST BE PRINTED, FULLY COMPLETED & SIGNED.**

**SURNAME:** .....

**GIVEN NAMES:** .....

**ADDRESS:** .....

**CITY:** ..... **STATE:** ..... **POST CODE:** .....

**PHONE:** ..... **MOBILE:** .....

**EMAIL:** .....

tick		Cost per seat/ticket	number of seats/tickets
<b>ADULTS</b>			
<input type="checkbox"/>	Terrace Seating for 2017-18 Season	\$65.00	
<input type="checkbox"/>	Adult Season Tickets for 2017-18 (No Member Benefits)	\$275.00	
<b>CONCESSION - Copy Of Supporting Documentation of Aged, Disability or Veterans Affairs To Accompany Application</b>			
<input type="checkbox"/>	Terrace Seating for 2017-18 Season	\$65.00	
<input type="checkbox"/>	Concession Season Tickets for 2017-18 (No Member Benefits)	\$260.00	
<b>TOTAL:</b>		<b>\$.....</b>	
Requests:.....			

**Please note:**

Due to an extremely high level of enquiry and on-line ticketing requirements, any renewals that remain outstanding at the close of business on Friday September 1, 2017 will be made available to those on a waiting list or via the Premier Speedway website.

To ensure your seat is secured please return this form and payment at your earliest convenience prior to September 1, 2017. Tickets will be issued by mail prior to the commencement of the racing season.

Please read the attached letter before completing this form.

Please send completed form and payment (cheque, money order or credit card) details to **PREMIER SPEEDWAY CLUB, PO BOX 335, WARRNAMBOOL VIC 3280**  
 The information you have provided is private and confidential and the Speedway Club does not disclose this information to people and/or external organisations to the club.

VISA       MASTERCARD

Card Holders Name: .....

Signature: .....

Cardholder signature (Your signature is required by Law to process a Credit Card Payment)

Card Number:

Expiry Date: ..... / ..... **TOTAL PAYMENT: \$.....**

**ANY LOST OR MISPLACED CARDS WILL INCUR A \$15 REPLACEMENT FEE.**

**OFFICE USE ONLY:**

Date Received: ...../...../20.....

Grandstand Seat Numbers: .....

Terrace Seat Numbers: .....

Seasons Pass Number: .....

Cheque: ..... Cash .....

EFTPOS..... Receipt Number: .....

