



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 Policy and Procedures as stated
(insert your name on line above)

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: _____

550 North Clayton Street, Lawrenceville, GA 30046 Ph: 770-236-8003 Fax: 770-236-8004

Mailing Address: P.O. Box 624, Lawrenceville, GA 30046

www.550trackside.com Email: events@550trackside.com