



THE GARAGE ORDER FORM/ PAYMENT AUTHORIZATION SHEET

(IF APPLICABLE)

BUSINESS NAME: _____

CONTACT:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BEST CONTACT NUMBER: _____

WRISTBAND ORDER INFORMATION:

		<u>QTY</u>				<u>TOTAL</u>
Per Person	<u>ALL WEEK</u>	_____	x	\$ 300.00	=	\$ _____
Per Person	TUES	_____	x	\$ 50.00	=	\$ _____
Per Person	WED	_____	x	\$ 50.00	=	\$ _____
Per Person	THURS	_____	x	\$ 75.00	=	\$ _____
Per Person	FRI	_____	x	\$ 75.00	=	\$ _____
Per Person	SAT	_____	x	\$ 75.00	=	\$ _____
TOTAL		_____		TOTAL		\$ _____

Checks Payable to Hot August Nights - No Checks Accepted After July 15, 2019

CHECK # _____

CASH _____

(Visa/Mastercard Accepted)

CREDIT CARD # _____

EXPIRATION DATE _____ SECURITY CODE: _____

SIGNATURE _____

DATE _____

NO REFUNDS OR CANCELLATIONS AFTER JULY 1, 2019. ALL CANCELLATIONS WILL BE CHARGED A \$10.00 PROCESSING FEE.