



**2009 SEASON TICKET FORM**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

Please fax or mail payment to: The Valley Preferred Cycling Center, PO Box 880, Trexlertown, PA 18087  
Fax number: 610-395-7393

Season Ticket Total _____	@ \$75(finish line)	Total \$ _____
_____	@ \$50(GA)	Total \$ _____
Hard Card Total _____	@ \$5 per hard card	Total \$ _____
		Total \$ _____

If you are interested in a hard card please note on the above line the quantity and please factor that into the above price, otherwise you will receive individual tickets.

MasterCard/Visa/Discover # \_\_\_\_\_  
Expires: \_\_\_\_\_

Check # \_\_\_\_\_