



2007 TICKET SALE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

QTY:	ITEM	AMOUNT
TOTAL AMOUNT DUE:		

CASH VISA MASTERCARD

CREDIT CARD # _____ EXP. _____

Mail form with payment to:
TOLEDO SPEEDWAY
5639 Benore Rd., Toledo, OH 43612