

Ticket Request Form - October 31 - December 1, 2024 P.O. Box 700, Del Mar, CA 92014

Phone: 858-792-42	างกา

Name				Phone				
Address								
City						ZIP		
Email Address								
On the calendar, write the four people. Then che	e number of re eck your prefe	eserved seats of erences for type	or tables you wo be and location	uld like to purchase on e of seating. Finish by ca	each date you att Iculating the tot	end.Each table al cost of the r	seats a maximum equested tickets	
SUN	MON	TUE	WED	THU	FRI		SAT	
	Oct.		31 Opening Day	Nov. 1 Breeders' Cup	2 Breede	2 Breeders' Cup		
3	closed	closed	closed	closed	8	9	9	
10	closed	closed	closed	closed	15	16	16	
17	closed	closed	closed	closed	22	23	23	
24	closed	closed	closed	closed	29	30		
Dec 1	POST TIMES for first race 12:30 p.m.unless otherwise noted							
				Day Ordered	Qty. Seats	Cost Per Seat	Total Cost	
Reserved Stadium-Style Shaded Seats Admission Included Preferred Area Stretch Run Level 2 Boxes Stretch Run Level 3 Clubhouse Level 3			Opening Day Oct. 31		\$12.75			
			Saturdays		\$14.75			
			Sundays		\$12.75			
			Fridays		\$8.75			
				Day Ordered	Qty. Tables	Cost Per Table	Total Cost	
Trackside Dining Tables – Each table seats a maximum of 4. Admission included. Table pricing varies depending on date and location. Please pay by credit card and the appropriate cost will be charged. Stretch Run Grill Clubhouse Terrace Restaurant All tables are located in the shade. For tables in the First Turn Restaurant, please contact the Ticket Office.			Opening Day Oct. 31		\$99			
			Saturdays		\$139			
			Sundays		\$99			
			Fridays		\$74			
☐ I require accessible seating.			TOTAL AMOUNT ENCLOSED*		\$			
☐ I have other special needs and have written them on the back of this form.		REFUND POLICY: Please refer to dmtc.com for additional information.						
*Tables MUST be purchased v will be charged to your accoun								
Method of Payment: ☐ Visa ☐ MasterCard	☐ Check (Pa	yable to DMTC; ard □ Am) erican Express	Signature				