

Advanced Reservation Payment Form

Parking Permit for:			
Reservation Code Nun	nber:		
Tailgater N	ame:		
Tailgater E-mail:			
Tailgater Cell #:			
Payment Information	<u>1:</u>		
Name on card	credit card will in the following in the card type (V	information to pro /ISA, Mastercard,	6 processing fee.** ocess your credit card payment: American Express, Discover), card and billing zip code.
Check or Money Ord • Write the Res	•	yable to: LAZ Park e Number on the	_
Name:		Check #:	
Mail Payment and Form To:		LAZ Parking 515 Congress Ave. Suite 2240 Austin, Texas 78701	
Cash: Cash payments a	are not accep	ted.	
BY MAKING PAY	MENT, YOU A	AGREE TO ABIDE E	BY THE TFC'S TAILGATE POLICIES.
	*******	******	5: 5:00 PM, Friday, July 26, 2024 *************
Date Received:	.5011 EUE4).	Lot Number:	
Total # of Spaces:		Space #:	