

Advanced Reservation Payment Form

Parking Permit for:			
Reservation Code Nu	mber:		
Tailgater I	Name:		
Tailgater E	-mail:		
Tailgater Cell #:			
<u>Payment Informatio</u>	<u>n:</u>		
Name on car number, exp Check or Money Orc	the following i d, card type (V iration date, ca ler: Make pay	nformation to pro ISA, Mastercard, A ard security code, yable to: LAZ Park	ocess your credit card payment: American Express, Discover), card and billing zip code.
 Write the Reservation Code Number on the check. Name: Check #: 			
Mail Payment and Form To:		LAZ Parking 515 Congress Ave. Suite 2240 Austin, Texas 78701	
Cash: Cash payments	are not accept	ed.	
BY MAKING PAY	MENT, YOU A	GREE TO ABIDE B	Y THE TFC'S TAILGATE POLICIES.
			: 5:00 PM, Friday, July 25, 2025 ***********
Official Use Only (Se	ason 2025):		
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Date Received:		Lot Number:	