



2019 Tent Reservations
The Foxfield Racing Association
Post Office Box 5187-Garth Road-Charlottesville, VA
22905



Spring Race Saturday, April 27, 2019

South Hill Tent- top of hill on Southside of racetrack

___ **\$6,775-** (up to 80 People) - 30' x 40' tent, tickets, tables, chairs and 40 private parking at tent

___ **\$5,350-** (up to 56 People) - 20' x 40' tent, tickets, tables, chairs and 28 private parking at tent

___ **\$4,700-** (up to 48 People) - 20' x 30' tent, tickets, tables, chairs and 24 private parking at tent

___ **\$2,550-** (up to 25 People) - 20' x 20' tent, tickets, tables, chairs and 12 private parking at tent

Please note all South Hill packages include tables and chairs. You must provide your own linens. This is the premier area to watch the races and entertain your guests. All parking is close to your tent. If you would like a TV in your tent to view the races, please add an additional \$375.00.

Chalet Tent- located in a private area of the Green Section

___ **\$3,550.00-** 20'x20' tent, 50 tickets and 20 Chalet parking passes OR one bus pass (all buses must park in the designed area located in Invitation Parking).

Tables and chairs are not included in the Chalet packages. Rentals must be arranged through the Race Office.

Orange N Row Tent- located in the Orange Section

___ **\$3,250.00** - 20'x20' tent, 50 tickets, 2 Orange Infield parking spaces near tent and 2 tables. Bus Parking Passes not included in package.

PRICE INCREASE FOR ORANGE N ROW TENT ON APRIL 1ST IS \$3,750.00

A signed contract will secure your tent. A deposit (1/2 of package price) is due January 15th. Balance is due March 1st. All packages must be paid in full before tickets and passes are made available (additional shipping charges may apply).

BUSINESS NAME:

CONTACT PERSON:

ADDRESS:

DATE:

CITY:

STATE:

ZIP:

E-MAIL:

PHONE:

FAX:

Signature of Agent or Representative _____ **Title** _____

Please make checks payable to The Foxfield Racing Association and send to P.O. Box 5187 Charlottesville, VA 22905. If using credit card please see below.

Total Payment \$ _____ made by: ___ Check ___ MasterCard* ___ Visa*

***There will be a 3% fee (of total charged amount) if using a credit card**

Card # _____ Expiration Date _____

Signature of Card Holder _____