DEL MAR THOROUGHBRED CLUB

P.O. Box 700, Del Mar, CA 92014

2013 Group Event Reservation Form

ID# _____

Racing Dates: July 17 through September 4

Closed Mondays (except Labor Day) and Tuesdays

Phone: 858-792-4234 Fax: 858-794-1012

First Post 2 p.m. EXCEPT:	4 p.m. on all Fridays	1 p.m. Pacific Classic Day (Sunday, August 25)

DATE: 1st Choice_____ **2nd Choice**_____ **3rd Choice**_____

Note: Opening Day is unavailable.

Pacific Pavilion *(Minimum 24)*	Number of Pacific Pavilion Tickets Requested _____ Adult ($5) _____ Child ($1) 17 & under *Please contact Premier Food Services at 858-755-6345 to order Scrip or for menu options.*
Stretch Run *(Minimum 20)*	Number of Stretch Run Tickets Requested _____ ($8 per person)
Clubhouse *(Minimum 20)*	Number of Clubhouse Tickets Requested _____ ($12 per person)
Stretch Run Grill Restaurant *(Minimum 5 tables)*	**All Stretch Run Grill Tables are in the SUN on the west end of the grandstand.** Sun., Wed., Thurs. **: _____Tables Requested ($52 per table of 4) **Also Labor Day weekend Fri. & Sat (& Pacific Classic day) Number of Tables Requested _____ ($100 per table of 4) • *$7.50 per person minimum order from menu.*
Clubhouse Terrace Restaurant *(Minimum 5 tables)*	Sun., Wed., Thurs.**: _____Tables Requested ($68 per table of 4) **Also Labor Day weekend Fri., Sat. (& Pacific Classic Day) _____ Tables Requested ($100 per table of 4) Indicate Preference (1-3): _____ Sun _____ Shade _____ Either Sun or Shade *(whichever's available)* • *$7.50 per person minimum order from menu.*
Il Palio Restaurant **Stretch Run Admission** *(No Dress Code)*	Number of Stretch Run Il Palio Tickets Requested–Sun., Wed., Thur.*: _____($20 each)* Number of Stretch Run Il Palio Tickets Requested–Fri., Sat.: _____ ($25 each) *Preference (1-2): _____ Interior (Minimum 12/multiples of 4 or 6) _____Main Patio (Min./multiples of 10)* **Also Labor Day Weekend*
Turf Club Tables *(Dress Code)*	Sun., Wed., Thurs.: _____ Tables Requested ($200 per table of 4) • minimum 3 tables • *Dress Code* Available only on Wednesdays, Thursdays or Sundays; *may order from Turf club menu.* Excluding Opening Day and P.C.Day
Luxury Suite P *(Dress Code)*	Sun., Wed., Thurs.: _____ $1,500 Fri., Sat. (excluding labor day weekend) _____ $1,750 • *Dress Code (Contract required)*
Skyrooms	Sun., Wed., Thur.: 80 persons/$1,400 • 120 persons/$1,800 • 150 persons/$2,500 Fri., Sat. (excluding labor day weekend): 80 persons/$2,300 • 120 persons/$2,800 • 150 persons/$3,500 *(Contract required)*
Celebrity Suites	Sun., Wed., Thur. : 48 persons/$1,100 • Fri., Sat. (excluding labor day weekend): 48 persons/$1,500 *(Contract required)*
Paddock View Patio	Our Newest Private Area overlooks saddling paddock *(Contract required)* • 50 persons/$500; Call for information and availability
Seaside Tropical Cabana	Private Trackside Party Tent • 500 persons/$5,000; Call for information and availability *(Contract required)*
Other	

Food and Beverage Scrip may be purchased through Premier Food Services: 858-755-6345.

The Del Mar Thoroughbred Club reserves the exclusive right to accept or reject requests for reservations and to determine the placement of groups within the seating areas and restaurants. Smoking is permitted in posted areas only. **Refund Policy:** Please note that all tickets returned for refund must be received at least 7 days prior to the event. Clubhouse Terrace Restaurant, Stretch Run Grill and Turf Club Table tickets must be returned in increments of 4; minimum group size must be maintained. Skyroom, Celebrity Suite, Seaside Cabana, Luxury Suite and Paddock View Patio groups, please refer to your contract. The resale of tickets on or about the premises is strictly prohibited.

A service charge of **40%** (minimum service charge of $10) is assessed for all refunds. Dates and/or areas are **NOT** transferable.

Payment: Check (to DMTC) Visa • Mastercard • Discover • American Express Security Code _____

Credit Card # _____ Exp. Date_____ Amount _____

Cardholder's Name _____

Cardholder's Billing Address _____

Signature_____

office use only
Datsa:

(If applicable) # of Buses*_____ Train Arrival time _____

***Bus parking is free for Buses displaying a Bus Pass.**

☐ ADA Requested

Group Name (30 Characters Max) _____ Chairperson/Organization (Please print) _____

Mailing Address _____

City _____ State/Zip Code _____

Work Phone (with Area Code) _____ Cell Phone _____ Fax _____

Email Address _____