

PARKING & TRANSPORTATION SERVICES

Olympic Volunteer Centre Room 146 1833 Crowchild Trail N.W. Calgary, Alberta Canada T2M 4S7 Telephone: (403) 220-6771 Fax: (403) 210-2511 Email: parking@ucalgary.ca

Permit number: _ (office use only)

Park and Ride Permit Application - McMahon Stadium East (This form is not for use by staff or students of the University of Calgary) Please Print Clearly

Name:			
Surname		First Name	
Address:			
Address:	City/Town	Province	Postal Code
Di ana #			
Phone #:	Daytime	 e #	
Email address:			
I would like to purchase the permit for:			
·			
January 1 – April 30 Price: \$280.00			
+ GST (4 months – per Semester only)			
May 1 – August 31 Price: \$70.00 + GS	T per month		
(available on a monthly basis for Spring/S	•		
May June July	August		
•	-		
September 1 – December 31 Price: \$28	30.00 + GST (4 mor	nths – per Sei	mester only)
Vehicle License Plate #: Make	9 Madalı		
Vehicle License Flate # Wake	a woder.		
Vehicle License Plate #: Make	& Model:		
	<u> </u>		
Methods of payment: Cash, Debit, or Credit Ca	rd in norson at the	Parking Office	Only (Mo are
unable to accept cheques.)	id ili person at the i	- arking Office	e Offiny. (vve are
anable to decept enequeely			
Please mail the permit to the above addre			
(We are not responsible for permits lost of	r misdirected in the	mail)	
Diagon hold the permit for pick up			
Please hold the permit for pick up			
		. .	
Signature of permit applicant:		Date: _	