

The Classic Center Parking Application
2011-12

Date: _____

Name: _____

Contact Phone Number: _____

Alternate Phone Number: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Make of Vehicle: _____ Model: _____

Year: _____ Color: _____ Tag#: _____

Please indicate the type of plan you are requesting:

_____ **Almost All Access Plan, \$595**

Parking spaces available 24 hours a day, 7 days per week, except for UGA Home Games and other dates as notified by The Classic Center.
Plan begins August 1, 2011 and runs through July 31, 2012

* _____ To add the addition of UGA Home Football Saturdays, **\$70**
*May only add this option if purchasing \$595 plan first

_____ **Daytime Access Plan, \$395**

Parking spaces available Monday through Friday, from 6 am until 9 pm, except as notified by The Classic Center. No overnight parking allowed.
Plan begins August 1, 2011 and runs through May 31, 2012

Payment Schedule:

Payment is due in full by July 31, 2011 for full year. We accept Visa, Mastercard, Discover, American Express, and cash for payment of parking plans. No Checks. Pro-rated rates available.

Please note: Application does not guarantee parking assignment and all options will be filled first come, first served. Parking spaces are limited. Parking passes/credentials will be given at the time payment is received and as they are available.

The Classic Center (CCA) retains the right to enforce unpaid parking violators at other times during which defined periods are not ongoing or current. The Classic Center cannot guarantee the safety of vehicles from theft, vandalism, and any other damages that might be sustained in a public parking facility. Violators of the terms of the parking agreement are subject to immobilization and towing.

I, the purchaser, agree to bring this completed form and payment to The Classic Center Box Office between 10 AM and 6 PM, Monday through Friday, at 300 North Thomas Street, Athens, GA 30601. I understand it must be received in person at least three days prior to starting of the parking period marked in order to be valid. No mail or e-mail will be accepted.

Please initial your agreement on the following lines:

_____ I agree to display and properly affix my sticker on the passenger side front windshield of my vehicle at ALL times. The sticker should not be taped or temporarily affixed. I understand that failure to display my parking pass correctly may result in immobilization and/or towing.

_____ I understand that if I lose my sticker for any reason, there is a \$30 replacement fee upon approved verification. I understand that I am responsible for arranging for this replacement as soon as possible, and that parking in The Classic Center Deck without a replacement subjects me to immobilization and/or towing.

_____ I understand that it is recommended I park on levels three and/or four of The Classic Center Parking Deck.

_____ I understand that this pass is for pre-paid admittance to the deck, and does not guarantee that a parking space will be available. The Classic Center will make reasonable attempts to let me know about upcoming busy times via electronic communications, flyers, and signage.

Signature of Parking Customer: _____