

FedExField[®]

STADIUM TOUR REQUEST FORM

CONTACT INFORMATION

Contact Name: _____ Group Name: _____

Email Address: _____ Phone Number: _____

Tour Day/Date: _____ Tour Time: _____

GUEST COUNT & FEES

Adults:	_____	X	\$20.00	=	_____
Children [4-13]:	_____	X	\$13.00	=	_____
Children [3 & Under]:	_____	X	\$0.00	=	<u>\$0.00</u>
Totals:	_____				_____

PAYMENT

Payment can be made by Check or Credit Card. Please note credit cards will incur a 3% processing fee on the total tour cost.

CHECK: Check #: _____ Total: _____

Check payable to: WFI Stadium, Inc.

Please Mail Check to:

Washington Redskins

Attn: Special Events

1600 FedEx Way

Landover, MD 20785

CREDIT CARD: Total _____ x 1.03 = _____

AMEX/MC/VISA/DISCOVER accepted. Upon confirmation, we will contact you for credit card information.

SIGNATURE: _____

This signature authorizes credit card charge; accepts all terms of the tour and tour request form, and accepts responsibility for payment in full based on guest count.

Please return completed form via email to specialevents@redskins.com