Temporary Authorization to Operate Vehicle

____________________  __________________
(Date)                (Date)

I, ________________________, the registered owner of the vehicle(s) listed below authorize ______________________ to drive said vehicle(s) on to Gowen Field during the period __________________ to __________________.

(Date)    (Date)

Vehicle # 1:  ____________________________  ____________________________  ___________  ___________  ______  ______
Make/Model  License Plate #  Year  Color

Vehicle # 2:  ____________________________  ____________________________  ___________  ___________  ______  ______
Make/Model  License Plate #  Year  Color

____________________________ _______________________________
Owners Printed Name    Owners Signature

____________________________
Notary Date

Signed by _________________________

My Commission Expires __________________