

☐ PAID IN FULL ☐ CRM ☐ MASTER ☐ CC AUTH

ORDER # 24-25: _____

ORDER # 23-24: _____



2024-2025 HALF SEASON TICKETS

CONTACT INFORMATION

PRIMARY EMAIL = BILLING AND EMAIL UPDATES

SECONDARY EMAIL (OPTIONAL) = EMAIL UPDATES

NAME ON ACCOUNT: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

PHONE NUMBER(S): _____

SEATING

☐ SAME SEATS
☐ NEW SEATS

SECTION

ROW

SEATS

LEVEL

ADULT

KIDS (2-12)

BOX & RISER \$ 270 * ____ = ____

\$ 240 * ____ = ____

CENTER \$ 210 * ____ = ____

\$ 175 * ____ = ____

END \$ 185 * ____ = ____

\$ 160 * ____ = ____

OTHER \$ ____ * ____ = ____

\$ ____ * ____ = ____

PARKING

YOU MAY PURCHASE THE SAME PARKING
FOR 24-25 AS YOU HAD IN 23-24

PASS C \$70 * ____ = ____

WAITLIST # PASSES = ____

CLUB 611

YOU MAY PURCHASE THE SAME # OF PASSES
FOR 24-25 AS YOU HAD IN 23-24

PASSES \$50 * ____ = ____

PAYMENT

\$100 NON-REFUNDABLE DEPOSIT REQUIRED.
IF YOU PAY IN FULL, \$100 OF YOUR PAYMENT
WILL BE CONSIDERED NON-REFUNDABLE.

☐ PHYSICAL TICKETS

☐ DIGITAL

1 ☐ PAY IN FULL (2A)

☐ PAYMENT PLAN (2B)

2A PAY FULL AMOUNT ON ____ / ____

☐ CARD ☐ CASH ☐ CHK# _____

2B PAY \$ ____ DEPOSIT ON ____ / ____

☐ CARD ☐ CASH ☐ CHK# _____

3 CARDHOLDER NAME: _____

CARD: _____ EXP: _____ CSV: _____ ZIP: _____

☐ I AUTHORIZE 24-25 SEASON TICKET AND ADD-ON CHARGES AS LISTED ON THIS FORM

☐ I AUTHORIZE THE REOCCURING CHARGES FOR 23-24 PLAYOFF PACKAGES (AMOUNT = TBD)

CARDHOLDER SIGNATURE

DATE

4 PAYMENTS CHARGED MONTHLY ON 15TH UNLESS NOTED:

INV # _____

☐ FEB \$ ____ ☐ MAY \$ ____ ☐ AUG \$ ____

☐ MAR \$ ____ ☐ JUN \$ ____ ☐ SEP \$ ____

☐ APR \$ ____ ☐ JUL \$ ____ ☐ OCT \$ ____

NOTES: _____

TOTAL

TICKETS _____

PARKING _____

CLUB _____

TOTAL = _____