Adirondack Phantoms

3 &6 Pack Order Form 2010-11 Season

GENERAL INFORMATION

LAST NAME	FIRST NAME	MI

COMPANY

ADDRESS	APT/STE

CITY	STATE	ZIP
		-

HOME PHONE	WORK PHONE	EXT.
( ) - -	( ) - -	x

FAX	E-MAIL ADDRESS
( ) - -	

TICKET PLANS:

Seating Level	NUMBER OF PACKAGE(S)	3 Packs	6 Pack	TOTAL	NOTES:
Silver Seating	Quantity_____ @	$41.25	$81.00	$	
Black Seating	_____ @	$53.25	$105.00	$	
Kids Package	_____ @	$30	$60	$	
				$	

BILLING INFORMATION

FORM OF PAYMENT

☐ CHECK (_____) ☐ CASH ☐ MasterCard ☐ DISCOVER ☐ VISA

CARD NUMBER	EXPIRATION DATE
	/

AUTHORIZED SIGNATURE

Signature	Printed Name	Date

INTERNAL USE ONLY

Received	Date	