



Adirondack Phantoms Flex 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: | | | | | |
|------------------|----------------------|------------------------|----------------------|-------|--------|
| VOUCHER QUANTITY | NUMBER OF PACKAGE(S) | SILVER SEATING PACKAGE | GOLD SEATING PACKAGE | TOTAL | NOTES: |
| 10 | ___ @ | \$135 | \$175 | \$ | |
| 40 | ___ @ | \$490 | \$610 | \$ | |
| 80 | ___ @ | \$900 | \$1140 | \$ | |
| | | | | \$ | |
| | | | | \$ | |

| BILLING INFORMATION | |
|---|-----------------|
| FORM OF PAYMENT | |
| <input type="checkbox"/> CHECK (_____) <input type="checkbox"/> CASH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| CARD NUMBER | EXPIRATION DATE |
| | / |

| AUTHORIZED SIGNATURE | | |
|----------------------|--------------|------|
| Signature | Printed Name | Date |
| | | |

| INTERNAL USE ONLY | | |
|-------------------|------|--|
| Received | Date | |
| | | |