



Select plans

Adirondack Phantoms

12 and 22 Select 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	
() - -		

SELECT PLANS:					
Seating Level	Number of Package(s)	12 Pack	22 Pack	Total	Notes:
Silver	___ @	\$159.00	\$269.50	\$	
Black	___ @	\$207.00	\$357.50	\$	
White	___ @	\$231.00	\$401.50	\$	
Kids (14 & under)	___ @	\$120.00	\$220.00	\$	

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
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INTERNAL USE ONLY

Received	Date	
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