

GROUP TICKET ORDER FORM

NAME: _____ COMPANY: _____
ADDRESS: _____ PHONE: (DAY) _____
CITY/PROV: _____ PHONE: (EVE) _____
POSTAL CODE: _____ FAX: _____
EMAIL: _____

ORDER TICKETS: *Please Select Game Date, Tickets Quantities and Delivery Options*

Date: _____ Thunder Bay Chill vs. _____

of Tickets _____ @ \$ _____ \$ _____

Delivery Options by Chill Player:

Courier: \$10 (in city) ___ \$20 outside city ___ + \$ _____

OR

Pick up From Gate Ticket Office or Soccer Plex

TOTAL \$ _____

CREDIT CARD INFORMATION: *Required to reserve all group orders*

Visa MC

Card # _____ Exp. Date __/__/__

Signature _____

***Please FAX Order Form to (807)623-0433 or Email to tbchill@tbaytel.net
Once order is received, you will be contacted to discuss seating and payment.***

Date Processed:

Seats:

Notes:

P/U AT GATE: YES NO

Name on PA System: