

2010-2011 Portland Pirates Night of Champions

Date of Order: ____/____/____
Month Day Year

Game Date: Dec. 18th 2010

Contact Name: _____

School/Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) (____)____-____ (H) (____)____-____ (Cell) (____)____-____

Fax: (____)____-____ E-Mail: _____

Ticket Information:

_____ Champion Athlete @ \$ FREE/ticket = \$ _____ \$0.00 _____

_____ Family & Friends @ \$ 10.00/ticket = \$ _____

Total Due = \$ _____

Special Seating Requests: _____

Payment Information

Enclosed is my check or money order # _____ in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

Credit Card Information:

Type (circle one): Visa MasterCard American Express Discover

Account # _____ Exp. Date ____/____/____ CVV# _____
Month Year (on back of card)

Cardholder Name: _____

Cardholder Signature: _____

Please Return This Form Along With Payment To:

Portland Pirates • Attn: Caitlin Malloy • 94 Free Street • Portland, ME 04101
Ph: (207) 828-4665 ext 328 • Fax: (207) 773-3278

For Office Use Only:

Event Coordinator: Caitlin Malloy

of Tickets Pulled: _____

Date Sent (Pirates): _____

Seat Location(s): _____

Date Pulled (Box Office): _____

Date Received (Pirates): _____