ACCOUNT INFORMATION (All information is required):

Credit Card Type: MC / Visa / Amex / Disc

Signature:

Credit Card #: _____

Expiration Date: _____ CVV: ____

Name on Card:

Name of Group/Company: Type of Group: Contact Person: Title: Address: City: State: Z Phone/Ext: Cell:				KFC YUM! CENTER • OCTOBER 15
Email:				
Do you wish to reserve Accessibility Seating? Yes No				
GAME TIME IS	S SATURDAY, OCTOB	ER 15 AT 7:30PM:		
Туре	# of Tickets	Ticket Price	Total \$	
Group		\$80.00		
Group		\$60.00		
Group		\$25.00		SATURDAY, OCTOBER 15 Minnesota Timberwolves VS. Miami Heat
Group		\$20.00		MINNESUIA IIMBEKWULYES VS. MIAMI HEAI
Group		\$10.00		
SUB-TOTAL				FOR OFFICE USE ONLY
Plus Service & Handling Charge Per Order			\$7.00	Type: Will Call / Mail / Deliver
TOTAL AMOUN	ІТ			Event Date:
METHOD OF PAYMENT (if other than cash)				Order #:
				Date Rec'd:
			Date Filled:	
Money Order #:				Paid by: Cash / Check / Money Order

CALL OR SEND ORDER TO:

Seller:

Notes:

Master Card / Visa / Amex / Disc