

Thief River Falls Norskies Season Ticket Order Form

Date & Season

Date: _____

Effective for Season: _____ 2016-2017 _____

Customer Contact Information

Last Name: _____ First Name: _____

Company Name: _____

Email Address: _____

(We send a weekly newsletter as well as invoice and ticket information out via email so please give us a valid email address. Thank you!)

Phone/Cell Number: P: _____ C: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Number of years as a Season Ticket Holder: _____

Season Ticket Information

Type of Purchase (check all that apply)

<input type="checkbox"/> Renew seat(s)	<input type="checkbox"/> Renew seat(s) + add a seat(s)	
<input type="checkbox"/> New Season Ticket Holder	<input type="checkbox"/> Renew seat(s) + drop a seat(s)	

Seat Location Information

Current / Old Seat(s)		New Seat(s)	
Section(s)		Section(s)	
Row(s)		Row(s)	
Seats(s)		Seat(s)	

Season Ticket Information

Price Level	Price	# of seats	Sub Total
Adult	\$220.00	x	=
Student/Senior**	\$170.00	x	=
Youth/TRFHA**	\$100.00	x	=
Family Package	\$600.00	x	=
10 Game Flex	\$80.00	x	=
Children 5 & Under**	Free	x	=
TOTAL			

**must show proof of identification.

Payment Information

- I will pay in Full on or before September 2nd with:
 Cash Check (payable to Stoke LLC)

Credit Card listed below

**Please note that we will only send you an initial invoice and a statement*

- I would like to submit a deposit now with the credit card listed below:

**Please note that we will only send you an initial invoice and then automatically run the final payment on your credit card when the tickets are picked up.*

Credit Card Number: _____

Exp. Date: _____ CCV#: _____ (security # located on either the front or back of your card)

Billing Address _____

Address

City

Zip Code

Payment Schedule *(to be filled out by office staff only)*

Deposit Payment: _____ Final Payment Amount: _____

Run Payment on: 1st of the month 15th of the month N/A

First Payment Date: _____

Final Payment Date: _____

- Customer Contact Information updated in financial software.
 Customer Seat location updated in financial software.
 Customer Contact Information updated in ticketing system.
 Customer Seat location updated in ticketing system.

Authorization Signature

I agree to the terms listed above, and to allow the Thief River Norskies (Stoke LLC) to charge my credit card on the schedule listed above (if indicated).

Signature: _____ Date: _____

Signature of Season Ticket Holder

You may call our office with any questions or concerns that you have at (218) 681-2183. Please mail or deliver this form and your payment to our office.

**Thief River Falls Norskies Jr A Hockey Club c/o Stoked LLC
PO Box 952- Thief River Falls, MN 56701**