**Rochester RazorSharks 2015 Ticket Package Request Form**

*Join us in supporting your 4-time defending champions, the Rochester RazorSharks!*

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Tickets Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For any questions, contact the Office @ 585-232-9190 / tickets@Razorsharks.com.

Please, fax your order to the RazorSharks’ office @ 585-232-8086.

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|  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Type of Seats: Upper Reserved** \_\_\_\_\_\_\_ **Lower Reserved** \_\_\_\_\_\_\_ **Courtside** \_\_\_\_\_\_\_ Payment (please Check): Cash \_\_\_\_\_ Check \_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_ Credit Card \_\_\_\_\_\_ CC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_\_\_  **Location:** Section \_\_\_\_\_\_\_\_\_\_ Row: \_\_\_\_\_\_\_\_\_\_\_ Seat(s): \_\_\_\_\_\_\_\_\_ **Total:** \_\_\_\_\_\_\_\_\_\_\_ |

**Office Use Only**

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| **Total cost:** \_\_\_\_\_\_\_\_\_\_ **Cost per Ticket:** \_\_\_\_\_\_\_\_\_\_\_ **Employee Verification:** \_\_\_\_\_\_\_\_\_**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Paid:** \_\_\_\_\_\_\_\_\_\_ **Date Issued:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |