



<b>Office Use Only</b> Section: _____  Row: _____ Seat(s): _____
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Chicago Bandits Group Ticket Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ C H W Phone #2 \_\_\_\_\_ C H W

**E-mail Address (required)** \_\_\_\_\_

Date of Order \_\_\_\_\_ Date(s) of Game \_\_\_\_\_

Number of Tickets \_\_\_\_\_ @ \_\_\_\_\_ each Total \_\_\_\_\_  
 (15-75 people = \$6/ticket) (76-200 = \$4.50/ticket) (201+up = \$4/ticket)

Preferred Outfield Seat Location \_\_\_\_\_

**(OFFICE USE)** Actual Seat Location \_\_\_\_\_

Preferred Group Experience(s) \_\_\_\_\_

**\$50 Non-Refundable deposit due immediately** Date of Deposit \_\_\_\_\_

Method of Payment:    Cash    Check    Mastercard    Visa

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp \_\_\_\_\_ / \_\_\_\_\_ Verification Code (3 digits) \_\_\_\_\_

Signature \_\_\_\_\_

Mail out    Will Call    Date Completed \_\_\_\_\_

Notes \_\_\_\_\_

Bandits Representative \_\_\_\_\_

Please retain this order confirmation for your records. If you have any questions or need assistance, call a Bandits Ticket Executive at 877-7BANDIT at any time.