



Omaha Lancers Hockey Club

2010 - 2011 Season Ticket Purchase Form

COMPANY (if applicable) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

DAY TELEPHONE () _____ ALTERNATE TELEPHONE () _____

E-MAIL ADDRESS _____

FULL SEASON PACKAGE (30 Games)

RINKSIDE (\$14.25/ticket) _____ seats x \$427.50 = \$ _____

FIRST LEVEL (\$13.25/ticket) _____ seats x \$397.50 = \$ _____

SECOND LEVEL (\$12.25/ticket) _____ seats x \$367.50 = \$ _____

PARKING GARAGE PASS

- 1 season-long garage pass is included **FREE** with the purchase of a full season package. 1 pass for 1-4 seats, 2 passes for 5-8 seats, etc.
- Garage choices are the Park 5 (attached to the Civic) and the Park 6 (located just east of the Civic on 17th & Chicago Streets)
- Season ticket(s) must be purchased by **September 27, 2010** to receive the free garage pass.

Please mark which garage you would prefer: Park 5 (attached to Civic) _____ Park 6 (east of Civic) _____

FLEX PACK (10 undated ticket vouchers)

SECOND LEVEL (\$13.00/voucher) _____ packs x \$130.00 = \$ _____

MAILING/HANDLING FEE

If you would like your tickets/vouchers mailed to you, please add \$5.00. \$ _____

TOTAL DUE: \$ _____

SEAT LOCATION

Please list below your preferences for seating. Please reference the Omaha Civic Auditorium arena diagram.

1) _____ 2) _____ 3) _____

PAYMENT

A \$50.00/seat deposit (non-refundable) or payment in full is required to reserve your season tickets. The total balance, minus the deposit, is then billed into equal payments that are due prior the start of the season. **Flexible payment plans are available.** Call the Lancers office for details.

CASH/MONEY ORDER _____ CHECK _____ CHECK # _____

CREDIT CARD () AM EXPRESS () DISCOVER () MASTERCARD () VISA

Card Holder Name _____

Card Number _____

Exp. Date _____ Amount to Charge: _____

Signature _____

PLEASE MAIL OR FAX TO:

Omaha Lancers Hockey Club
1804 Capitol Avenue
Omaha, NE 68102

Phone: 402-344-PUCK (7825)
Fax: 402-934-4613
Web: www.lancers.com