



# Fort Wayne Komet Hockey Birthday Party Package Order Form 2010-11 Season

Name: \_\_\_\_\_

Name of Birthday Boy/Girl: \_\_\_\_\_

Favorite Komet Player: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Game: \_\_\_\_\_

Vs. \_\_\_\_\_

### Upper Arena

Birthday Party Package

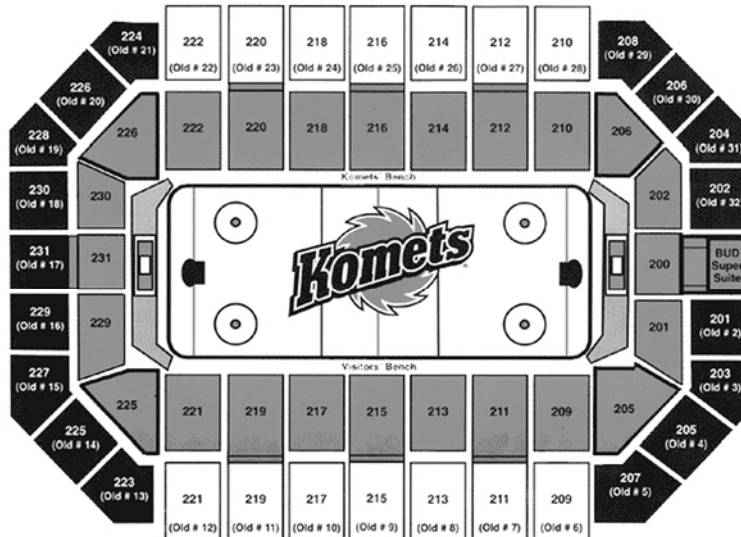
for Ten (10) Guests:

# of Additional Guests \_\_\_\_\_ @ \$15 each = \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

### Section Preference

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_



How would you like to pay for these tickets?

Cash     Check     Invoice     Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Would you like us to mail you your tickets? (for Credit Card orders or upon receipt of payment)

Yes     No    Date Mailed \_\_\_\_\_ (office use only)

Or... Would you like to pick up the tickets at the Will Call window on day of the game? (post-payment)

Yes     No

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If you have any questions, please contact Josh Testin at (260) 471-8432. OR... return completed form by fax at (260) 471-6920 (credit card orders) or by mail to the address listed on the back of this form. You'll receive confirmation via email, fax, or phone. Email: groups@komet.com**

**Group Ticket Guidelines** - The number of tickets purchased per game must be ten (10) or more to receive the appropriate ticket price. Seating is assigned on a first-come, first-serve basis. Tickets are printed and mailed upon receipt of full payment. Tickets may be added to your group at anytime prior to the date of the game and are subject to availability. There are no refunds or exchanges on tickets purchased.