

# HOME PLATE 2017 - April 29 - Ticket Order Form

\*Please complete this form and mail it to: **HOME PLATE 2017, Jeff Totten, PO Box 99026, Troy, MI 48099-9026.** Tickets are limited. Orders will be filled on a first-come, first-served basis.

\*All tickets are **\$34.00 per person.** Please enclose one check or money order **made payable to HOME PLATE 2017** for the total amount of the order including **postage and handling rate** in U.S. Funds.

GROUP NAME: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

GROUP MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE or PROVINCE: \_\_\_\_\_ ZIP or POSTAL CODE: \_\_\_\_\_

NAME OF GROUP LEADER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

PASTOR'S NAME (if church): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Check this box **IF** you desire tickets mailed to an address different than the one above. Please include name and address information on **BACK** of this order form if different than the one above. Thank You.

## SEATING PREFERENCES (No Guarantees)

### OUR GROUP DESIRES (Check One - Subject to Availability):

\_\_\_\_\_ **Upper Level Seating** (Includes Skyline, Mezzanine, Upper Box, Upper Reserved, & Upper Grandstand Areas)

\_\_\_\_\_ **Lower Level Seating** (Located in the Outfield Areas of the Pavilion and Bleachers)

\_\_\_\_\_ **No Preference** (Best Available on Either Level)

### HANDICAP SEATING NEEDED (Will be Located as Close as Possible to Location of Your Group's Seats):

As **PART OF** your total number of tickets listed below, please indicate handicap seating needs.

\_\_\_\_\_ - Number of Wheelchair Spots

\_\_\_\_\_ - Number of Companion Seats (please limit to 1 or 2 per wheelchair)

**TOTAL NUMBER OF TICKETS YOU ARE REQUESTING:** \_\_\_\_\_

**x \$34.00**

**SUB TOTAL:** \_\_\_\_\_ **.00**

**POSTAGE & HANDLING:** \_\_\_\_\_ **+ \$10.00**

**TOTAL AMOUNT DUE (U.S. Funds):** \_\_\_\_\_ **\$ .00**

## OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ TOTAL NUMBER OF TICKETS REQUESTED: \_\_\_\_\_

CHECK/M.O.: # \_\_\_\_\_ PAYMENT RECEIVED: \$ \_\_\_\_\_

PROGRAM TICKET NUMBERS: \_\_\_\_\_

GAME TICKETS: Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seat: \_\_\_\_\_

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seat: \_\_\_\_\_