

# 2019-20 SEASON TICKETS



## ACCOUNT INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## RESERVED TICKET PRICING

Section	Spring Price (Through June 1)	Qty.	Playoff Ticket Packages <i>Please select ONE of the following:</i>
Balcony (Elevated Behind Player Benches)	\$250.00		<input type="checkbox"/> I will pay for my SEASON tickets in full and receive my playoff tickets for FREE.  <input type="checkbox"/> I will pay a non-refundable deposit of 25% of the season ticket total and receive playoff tickets for \$50 per ticket.
Glass Seats (Two Rows)	\$200.00		
Orange Section (Center Ice)	\$170.00		
Grey Sections (Blue Lines)	\$140.00		
Black Sections (Goal Lines)	\$110.00		
EPHA/EPFSC Youth Participant	\$55.00		

*\*EPHA/ EPFSC Youth Participant Season Ticket does not qualify for the Referral program nor does the EPHA/EPFSC pricing apply to glass or balcony seats*

## REQUESTED SEAT LOCATION

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seats: \_\_\_\_\_

## VIP PARKING PASS

VIP Parking Pass	<b>Season Price</b> \$125.00	<b>Summer Price</b> \$120.00	<b>Spring Price</b> \$115.00
------------------	---------------------------------	---------------------------------	---------------------------------

*Purchase six (6) Section I season tickets or four (4) Glass or Balcony Seats season tickets at full price and receive a FREE parking pass.*

- Passes will be **used to gain entry to the lot** and then **parking is first come, first served.**
- All parking passes **must be hung on the inside mirror** of your vehicle.
- All VIP Parking Pass holders will enter through the gate on Shelter to avoid traffic.

Would you like to purchase a parking pass?  Yes  No

## PAYMENT

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

**Payment Plan Options:** *Select a payment plan or choose to pay in full. All payment plans must be completed by the first home game of the season. For payment plans, your card will be debited each month.*

Pay in Full  Two Month Payment Plan  Three Month Payment Plan

**Method of Payment:**  Cash  Check  Credit Card

**Credit Card Information:** Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_  
CVC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

Referred By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Check if interested:  I am interested in being a host family  I am interested in belonging to the Rhino Booster Club (The Crash)

### **TO BE COMPLETED BY RHINO STAFF ONLY**

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seats: \_\_\_\_\_ Parking Pass #: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** 4100 E. Paisano, El Paso, TX 79905 | **Website:** www.elpasorhinos.com  
**Phone:** 915-479-PUCK (7825) | **Email:** seasantickets@elpasorhinos.com