

## 2017-2018 SEASON TICKET HOLDER AGREEMENT

### ACCOUNT INFORMATION

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

### RESERVED TICKET PRICING

Section	Season Price (After Sept. 15)	Summer Price (Through Sept. 15)	Spring Price (Through June 1)
Balcony (Elevated Behind Player Benches)	\$400.00	\$325.00	\$250.00
Glass Seats (Two Rows)	\$325.00	\$275.00	\$200.00
Orange Section (Center Ice)	\$235.00	\$210.00	\$170.00
Grey Sections (Blue Lines)	\$210.00	\$185.00	\$140.00
Black Sections (Goal Lines)	\$185.00	\$160.00	\$110.00
EPHA/EPFSC Youth Participant (Not Balcony or Glass)	\$85.00	\$65.00	\$55.00

*\*EPHA/ EPFSC Youth Participant Season Ticket does not qualify for the Referral program*

### REQUESTED SEAT LOCATION

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

### VIP PARKING PASS

VIP Parking Pass	Season Price	Summer Price	Spring Price
	\$125.00	\$120.00	\$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.*

- You are **guaranteed the same parking spot for all games.**
- All parking passes and spots will be numbered and 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: \_\_\_\_\_