2019-20 SEASON TICKETS

Account Information

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Reserved Ticket Pricing

Section	Season Price *(After Sept. 15)*	Qty.	Summer Price *(Through Sept. 15)*	Qty.	Spring Price *(Through June 1)*	Qty.
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	$85.00		$65.00		$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

	Season Price	Summer Price	Spring Price
VIP Parking Pass	$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.

- 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: _____

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