



2014 NATIONAL CHAMPIONS
2008 & 2014 WSHL THORNE CUP LEAGUE CHAMPIONS
2011 NATIONAL TOURNAMENT SILVER MEDALISTS
2013 MOUNTAIN CONFERENCE CHAMPIONS
2007, 2008, 2009, 2011, 2012, 2014 MID-WEST CONFERENCE CHAMPIONS
2007, 2008, 2009, 2011 NATIONAL TOURNAMENT

2015-16 SEASON TICKET HOLDER AGREEMENT

ACCOUNT INFORMATION

Name: _____ Company: _____

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

Day Phone: _____ Night Phone: _____ Fax: _____

E-mail address: _____

RESERVED TICKET PRICING

	SEASON PRICE	SUMMER PRICE (Good through Sept. 15)	SPRING PRICE (Good through June 1)
Glass Seats – Only 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/SCB Youth Participant – (any section)	\$85.00	\$65.00	\$55.00
Rhino VIP Parking Pass	\$125.00	\$120.00	\$115.00

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

SEAT(S) LOCATION

Section: _____ Row: _____ Seat(s): _____

RHINO VIP PARKING PASS – SAME PARKING SPOT FOR ALL GAMES GUARANTEED

- Parking passes are now available for all season ticket holders. You will have your same parking spot for all games **GUARANTEED**. All VIP Parking pass holders will enter in the shelter gate to avoid traffic. All parking passes and spots will be numbered. **PASSES MUST BE HUNG ON THE INSIDE MIRROR OF YOUR VEHICLE.**
- Purchase six (6) Section I season tickets and receive a FREE parking pass
- Purchase four (4) Glass Seats season tickets and receive a FREE parking pass

SPECIAL RHINO PATIO

- Rhino VIP Patio located ice level in the Northeast corner of the Events Center, with its own concession and beer stand.

PAYMENT PLANS AVAILABLE

- This season the El Paso Rhinos are offering payment plans. Please choose your plan below. Fill out the credit card information below and your card will be debited each month. Two payment plans are available: Three (3) month plan – Six (6) month plan. All payment plans must be completed by the first home game of the season

METHOD OF PAYMENT

Amount Due: _____ Amount Paid: _____ Balance: _____

Check Cash Credit Card Payment Plan (3) Payment Plan (6)

Credit Card Type: _____ Card #: _____ Exp. Date: _____

Signature: _____ CVC # _____ Date: _____

Referred By: _____ @ _____
 Name Phone Number

Check if interested:

- I am interested in being a host family
 I am interested in belonging to the Rhino Booster Club

Mailing Address: El Paso Rhinos
 4100 E Paisano, 79905
 Fax: 915-440-4456