



# 2020 Mini Plan Order Form



Company Name:	Name:	
Mailing Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Fax Number:	Email Address:	

Plan Name:	Section:	Row:	Seat #'s:
Seat locations for 2020 are not confirmed until the Season Ticket relocation process is complete			
<b>CHOOSE YOUR MINI-PLAN</b>			
<b>HALF-SEASON PLAN (35 games) includes September 3rd Game</b>			
Rail Kings	\$437.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$367.00 x	# seats: _____	=Total Price: _____
Terrace	\$297.00 x	# seats: _____	=Total Price: _____
Grandstand	\$227.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$192.00 x	# seats: _____	=Total Price: _____
<b>WEEKEND WARRIOR (22 games) includes Opening Night</b>			
Rail Kings	\$280.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$236.00 x	# seats: _____	=Total Price: _____
Terrace	\$192.00 x	# seats: _____	=Total Price: _____
Grandstand	\$148.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$126.00 x	# seats: _____	=Total Price: _____
<b>E.L. SAMPLER PLATTER (16 games) includes Opening Night</b>			
Rail Kings	\$204.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$172.00 x	# seats: _____	=Total Price: _____
Terrace	\$140.00 x	# seats: _____	=Total Price: _____
Grandstand	\$ 108.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$ 92.00 x	# seats: _____	=Total Price: _____
<b>SUNDAY, SUNDAY, SUNDAY (11 games) includes Opening Night and September 3rd Game</b>			
Rail Kings	\$143.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$121.00 x	# seats: _____	=Total Price: _____
Terrace	\$99.00 x	# seats: _____	=Total Price: _____
Grandstand	\$77.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$66.00 x	# seats: _____	=Total Price: _____
			Total: _____

Amount of payment enclosed: \_\_\_\_\_

Form of payment:  Cash  Check  Check #: \_\_\_\_\_

(check one)  Master Card  Visa  Discover

Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

**TERMS & CONDITIONS:** Payment in full is due at acceptance. Acceptance of these terms forfeits cancellation privileges. Sign below for acceptance of these terms (signature required).

Signature of Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

Curve Representative: \_\_\_\_\_ Date: \_\_\_\_\_