



CLIENT INFORMATION - 2019 SEASON TICKET HOLDER

OSCEOLA COUNTY STADIUM
631 HERITAGE PARK WAY, KISSIMMEE, FL 34744
WWW.FLORIDAFIREFROGS.COM
Phone Number: 321-697-3156

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Birthday: ____/____/____

Day Phone: _____ Evening Phone: _____ Fax: _____

Account Rep: _____ Source: _____

Date of Order: _____

2019 Season Ticket Information

FULL SEASON (70 Games)

\$350.00

OF SEATS: _____

SEAT TOTAL: _____

SPECIFIC LOCATION: SECTION: _____ ROW: _____ SEATS: _____

TOTAL COST: _____

PAYMENT TYPE: TRADITIONAL PAYMENT PLAN

PAID: _____

NOTES: _____

BALANCE: _____

Terms of Payment – Please Read Carefully:

1. A non-refundable deposit of \$ _____ along with a signed contract guarantees you seats for the 2019 Season. This deposit will be paid using Cash, Check # _____, or Visa MC Amex Discover

_____ EXP _____

Name on Card _____ CVV# _____

2. Payment in full is mandatory by MARCH 1, 2019. If payment is not made on or before this date, your seat reservation may be canceled without a refund of the deposit. The Florida Fire Frogs reserve the right to release tickets not paid for by the given deadlines.
3. ALL SALES ARE FINAL. THERE ARE NO REFUNDS.

My signature below acknowledges:

- That I understand failure to uphold any of the above statements could lead to the cancellation of my season seat reservation.
- That I am responsible for upholding my agreement for 2019 Florida Fire Frogs Baseball Team Season Seats.

FAN SIGNATURE/DATE

FLORIDA FIRE FROG REPRESENTATIVE/DATE
