



DAYTON DRAGONS

Rain Out Form

Account Information:

Name _____ Acct. ID _____

Company Name (if applicable) _____

Street Address _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

Email Address _____

Please check one:

_____ I would like the Dragons to exchange my rained out ticket(s) for a ticket of equal value for any other regular season game, based on availability. Please have the Dragons Box Office contact me at the above number or email address for available dates.

_____ I would like the Dragons to exchange my rained out ticket(s) for lawn tickets at a 2 for 1 value. The games that I would like lawn tickets to are:

<u>Choice #</u>	<u>Game Date</u>	<u>Number of Tickets</u>
1		
2		
3		

IMPORTANT: TICKETS MUST BE RETURNED; ATTACH THEM HERE:

Tickets go here!

Please send to Dayton Dragons, Fifth Third Field, P.O. Box 2107, Dayton, OH 45401-2107

FOR OFFICE USE ONLY: _____ CODE: _____