



BILOXI SHUCKERS

GROUP AGREEMENT



Date: ___/___/2018 vs _____

Game Time: _____ am/pm

Group Name: _____

Contact: _____

Address: _____

Phone: (____) ____ - ____

City/St/Zip: _____

Fax: (____) ____ - ____

Email: _____

Cell: (____) ____ - ____

FIELD OF DREAMS

Have your youth group experience a professional baseball game. Your team takes the field for the National Anthem with the Biloxi Shuckers. Along with on field access, the package includes, an opportunity to receive autographs from the Shuckers and a group PA welcome to the game.

Dugout Box Level	
Field of Dreams Package	= \$220
Participant Tickets (on field access) _____ x \$22	= _____
Add'l family tickets _____ x \$11.00	= _____
Total	_____

Reserved Level	
Field of Dreams Package	= \$200
Participant Tickets (on field access) _____ x \$20	= _____
Add'l family tickets _____ x \$9.00	= _____
Total	_____

Add Ons:

Shuckers Bucks available upon request and can be used anywhere in the ballpark. Cannot be redeemed for cash.

TOTAL DUE: \$_____ Please make corporate checks payable to Biloxi Baseball, LLC (no personal checks will be accepted).

Credit Card VISA MC AMEX DISC Check #: _____ (A \$25.00 fee will be assessed on all returned checks.)

Name on Card: _____ Credit Card Number: _____

Exp. Date: _____ Security Code: _____ Credit Card Signature: _____

Group Policy:

- No refunds or exchanges, including no-shows and cancellations.
- A 50% nonrefundable deposit is due upon signing, final payment due no later than fourteen (14) days before your scheduled date.
- Tickets will be available three days after final payment is made. Tickets can be delivered or picked up. Hours of pickup are from 10:30 am – 4:30 pm, Monday – Friday.
- No day of event additions permitted.

I have read and understand the Group Conditions.

Authorized Signature: _____ Date: _____

Accepting For Shuckers: _____ Date: _____