



# Worcester Bravehearts

## 2018 Season Ticket Contract

### Season Ticket Holder Information

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Ticket Office Use

Confirmation ID: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Deposit Date: \_\_\_\_\_ CC Cash Check

Balance Date: \_\_\_\_\_ CC Cash Check

Delivery Date: \_\_\_\_\_ Mail Pick-up

Sec: \_\_\_\_\_ Row: \_\_\_\_\_ Seats: \_\_\_\_\_

### Terms and Conditions

- The purchaser agrees to pay any and all costs the Worcester Bravehearts suffer as a result of failure of payment. Interest at a rate of one and one-quarter percent (1.25%) per month will be charged on past due accounts. It is mutually understood that no agreement or promise has been made in reference to this contract that is not stated herein or attached hereto, and that there is no verbal understanding that can in any way affect the terms of this contract.
- **Season Tickets will not be distributed until account is paid in full.**
- **All season ticket sales are final. No refunds or exchanges will be made.**
- **Season Tickets will be available for purchase up to Opening Day and are subject to availability.**

### Seating Information

<u>Seat Level</u>	<u>Number of Seats</u>	<u>Price per Seat</u>	<u>Total Cost</u>
Premium / Box	_____ X	\$175.00	\$_____
All-You-Can-Eat (Pre-game Buffet at every game)	_____ X	\$385.00	\$_____
			<b>Total \$</b> _____

**Preferred Section (Sections L – D):** \_\_\_\_\_

### **Fax:**

(508) 799-2071

### **Phone:**

(508) 438-3773

### **Email:**

[tickets@worcesterbravehearts.com](mailto:tickets@worcesterbravehearts.com)

### **Mail:**

39 Jolma Road  
Worcester, MA 01604

### Payment Information

☐ Via check payable to "Worcester Bravehearts"

☐ Credit Card with my information below

Card Type VISA AMEX MC Billing Zip Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

CVV # (3 digits on back of card) \_\_\_\_\_

I have read and agree to all the above terms and conditions and understand the policies and procedures.

X \_\_\_\_\_

*Signature*

*Date*

