



## ICE FLYERS 2009-2010 GROUP TICKET REQUEST FORM

### Personal & Seating Information

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Seat Location	Price per Seat	Number of Seats	Total Cost
Middle (Center Ice)	\$14.00		
Corners	\$12.00		
End Zone	\$10.00		
Upper Balcony	\$8.00		

Requested seat location: Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seat #'s \_\_\_\_\_

### Payment Information (Please make checks out to Pensacola Ice Flyers)

Payment Method:  Credit Card (see below)  Check  Money Order

Credit Card Information Requirements:

Amount: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Name on Card: \_\_\_\_\_ (As it appears on card)

Signature: \_\_\_\_\_

Please submit completed form with payment to:

**Pensacola Ice Flyers**  
201 East Gregory Street - Rear  
Pensacola, FL 32502

**For More Information Contact:**  
**Ph: 850-466-3111 ♦ Fx: 850-466-3113**  
**info@pensacolaiceflyers.com**