



**2016 - 2017
KOOTENAY ICE HOCKEY CLUB
SEASON TICKET RENEWAL FORM**

ACCOUNT NAME: _____ CONTACT: _____

ADDRESS: _____ CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

SEASON TICKET HOLDER SINCE: _____ EMAIL: _____

- **PROOF OF AGE IDENTIFICATION IS REQUIRED FOR ALL SENIOR PACKAGES.**
- **SENIORS MUST BE 65 PRIOR TO SEPTEMBER 23, 2016**
- **IF SUBMITTING YOUR RENEWAL BY MAIL OR FAX, PLEASE ENCLOSE A PHOTOCOPY OF ID.**

I WILL BE TAKING MY 2016 - 2017 SEASON TICKETS FOR THE FOLLOWING SEAT(S):

| | | | | | |
|---------------|-----------|------------|----------------|----------|------------------|
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |
| SECTION _____ | ROW _____ | SEAT _____ | CATEGORY _____ | \$ _____ | ID (A/S/C) _____ |

(A – Adult, S – Senior, C – Child)

TOTAL \$ _____

SEAT CHANGE: *Please indicate Section, Row(s) and Seat(s) of your choice and we will do our best to accommodate your request, based on Season Ticket Holder Priority and seat availability.*

1st Choice: SECTION _____ ROW _____ SEAT(S) _____

2nd Choice: SECTION _____ ROW _____ SEAT(S) _____

3rd Choice: SECTION _____ ROW _____ SEAT(S) _____

PAYMENT (select one):

CASH: _____ CHEQUE: _____ DEBIT CARD: _____ VISA: _____ MASTERCARD: _____

CREDIT CARD #: _____ Expiry: _____ 3-Digit Code: _____

TOTAL: _____

Monies Enclosed: _____

OFFICE USE ONLY

DATE PAID: _____

PATRON #: _____