



2017-18 WHEELING NAILERS SEASON TICKET APPLICATION

LAST NAME: _____ FIRST NAME: _____ BIRTHDAY: _____

NAME AND BIRTHDAYS OF OTHERS ON ACCOUNT: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____ WORK PHONE: _____

BEST TIME TO CALL: _____

E-MAIL ADDRESS (ES): _____

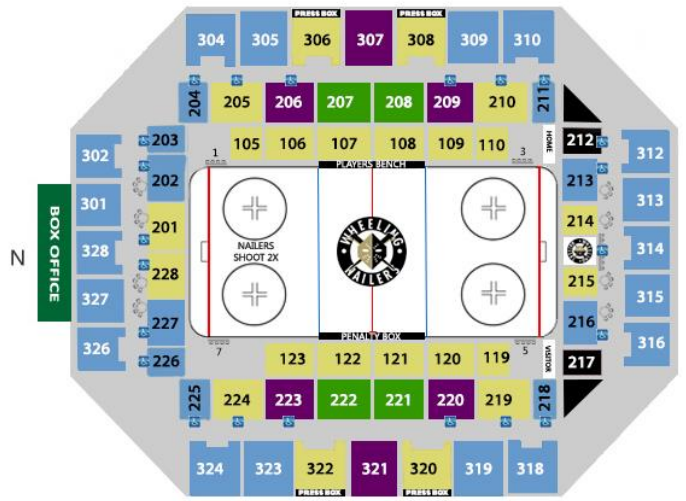
CURRENT SEAT(S): _____ REQUESTED SEAT(S): _____ YRS ST MEMBER: _____

I WOULD LIKE TO RECOMMEND _____ (NAME & PHONE NUMBER) AS A SEASON TICKET HOLDER.

_____ (NAME & PHONE NUMBER) RECOMMEND ME AS A SEASON TICKET HOLDER.

2017-18 WHEELING NAILERS SEASON TICKET PACKAGES

	Arena			
	Price	Fee	Total	Qty
Price Level 1				
Full Season	\$646	\$38	\$684	_____ = \$ _____
Senior Citizen	\$570	\$38	\$608	_____ = \$ _____
Military / Student (15+)	\$532	\$38	\$570	_____ = \$ _____
Kids (3 - 14)	\$418	\$38	\$456	_____ = \$ _____
Price Level 2				
Full Season	\$570	\$38	\$608	_____ = \$ _____
Senior Citizen	\$532	\$38	\$570	_____ = \$ _____
Military / Student (15+)	\$418	\$38	\$456	_____ = \$ _____
Kids (3 - 14)	\$304	\$38	\$342	_____ = \$ _____
Price Level 3				
Full Season	\$494	\$38	\$532	_____ = \$ _____
Senior Citizen	\$456	\$38	\$494	_____ = \$ _____
Military / Student (15+)	\$380	\$38	\$418	_____ = \$ _____
Kids (3 - 14)	\$304	\$38	\$342	_____ = \$ _____
Price Level 4				
Full Season	\$418	\$38	\$456	_____ = \$ _____
Senior Citizen	\$380	\$38	\$418	_____ = \$ _____
Military / Student (15+)	\$380	\$38	\$418	_____ = \$ _____
Kids (3 - 14)	\$304	\$38	\$342	_____ = \$ _____



A \$50 NON-REFUNDABLE DEPOSIT, PER SEAT IS REQUIRED

DEADLINE TO RESERVE SEATS APRIL 28th 2017

Please check if you would like to **Opt-in** for tickets for the 2 school day games. All tickets will be \$11 regardless of section or price level. We will be assigning green level seats for this game. You will not be guaranteed your current seat location.



2017-18 WHEELING NAILERS SEASON TICKET PAYMENT OPTIONS

Option 1:

One Installment

Check enclosed with full amount

Please charge full amount on credit card listed below

Option 2:

“Power Pay” Payment Plan (credit/debit card only)

Season Tickets are Non-Refundable and must be paid in full by September 1, 2017

I hereby authorize all payments for the 17-18 Hockey Season by Credit / Debit Card

CARD INFORMATION

Mastercard

Name on Card: _____

VISA

Card #: _____ Exp Date: _____ CVV Code (Back 3 digits): _____

Signature: _____ Date: _____

Total for Seats Selected \$ _____ No. of Months for Payment Plan (2-6) _____

Plan must be paid in full by September 1, 2017

Initial \$50 Deposit per seat: \$ _____ Date: _____

Reoccurring Payment Date: 1st or 16th of each month

1. Payment: \$ _____ Date: _____ Initials: _____

2. Payment: \$ _____ Date: _____ Initials: _____

3. Payment: \$ _____ Date: _____ Initials: _____

4. Payment: \$ _____ Date: _____ Initials: _____

5. Payment: \$ _____ Date: _____ Initials: _____

6. Payment: \$ _____ Date: _____ Initials: _____

FOR OFFICE USE ONLY

Seats Location:

New

Etix Account Number:

Renewal

Referred by:

Individual

Account Rep:

Corporate

Date Received

Multi Year