



**2018 – 2019
KOOTENAY ICE HOCKEY CLUB
SEASON SEAT HOLDER FORM**

ACCOUNT NAME: _____ CONTACT: _____

ADDRESS: _____ CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

EMAIL: _____

- > YOUTH CATEGORY IS UNDER 18 AT TIME OF PURCHASE / STUDENT IS WITH VALID FULL TIME STUDENT ID
- > SENIORS MUST BE 65 PRIOR TO SEPTEMBER 21, 2018
- > IF SUBMITTING YOUR RENEWAL BY MAIL OR FAX, PLEASE ENCLOSE PROOF OF ID.
- > SEASON SEATS WILL BE APPLICABLE FOR 34 HOME GAMES FOR THE 2018-2019 SEASON

I WILL BE PURCHASING MY NEW 2018 - 2019 SEASON TICKET(S) 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, STU – Student, C – Child, F - Family Package)

TOTAL \$ _____

If you were referred by a season seat holder, please put their name here _____.

I would like my tickets to be donated to _____ community group, school, etc.

I would like to donate my tickets to the ICE to use for community programming (Check box for Yes)

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 OWING: _____

Deposit: _____

Balance Due: _____

OFFICE USE ONLY

DATE PAID: _____

PATRON #: _____