



Long Beach Armada Professional Baseball 2010 New Full Season Ticket Plan Form

Date of Order: _____ / _____ / _____

Company: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ E-Mail: _____

Full Season Ticket Packages

(check appropriate box)

BOX OFFICE PRICE (44 games)	PLAN HOLDER PRICE
Field Box Seating: \$880	Field Box Seating: \$600 (Save \$280)
Reserved Seating: \$440	Reserved Seating: \$300 (Save \$140)
General Admission: \$352	General Admission: \$175 (Save \$177)

Additional Discount for New Full Season Ticket Holders*

<input type="checkbox"/> Field Box Seating: \$600 – 10% Discount = \$540	Deposit Amount = \$135 per seat
<input type="checkbox"/> Reserved Seating: \$300 – 10% Discount = \$270	Deposit Amount = \$70 per seat
<input type="checkbox"/> General Admission: \$175 – 10% Discount = \$157.⁵⁰	Deposit Amount = \$40 per seat
<input type="checkbox"/> VIP Parking Pass: \$100 – save 55% off drive-up price <i>(Not included with Reserved or General Admission seats)</i>	
*Discount requires your deposit by 11 / 02 / 2009	
Seating Preference: <input type="checkbox"/> Behind Home Plate <input type="checkbox"/> 3rd Base Side (home) <input type="checkbox"/> 1 st Base Side (visitor)	

# Seats: ___ x Pkg. Price: \$ _____ = Total: \$ _____	Payment Schedule: <small>For office use only</small>
25% Deposit Due by 11/02/2009: \$ _____	
Ticket Balance Due by 03/01/2010: \$ _____	
VIP Parking Pass (add \$100): \$ _____	
Total Remaining Balance: \$ _____	
Deposit Paid: _____ Date: _____	
Paid In Full: _____ Date: _____	

To pay by Credit Card, please fill out the following information: Card Type VISA MC AMEX DISC

Credit Card #: _____ Exp: _____ / _____ Billing Zip: _____

I understand and agree to the following conditions as part of this agreement:

- This order establishes my priority date (date & time of sale) to be used in the selection of 2010 Golden Baseball League season seat locations.
- Priority is non-transferable and season ticket deposits are non-refundable.
- My aforementioned preference request for desired seating is subject to availability if I do not pay the deposit by 12/31/2009.

Plan Holder Signature _____

Date _____

For Office Use Only:

Section: _____	Row: _____	Seat: _____	Date: _____	By: _____
----------------	------------	-------------	-------------	-----------