



# 2008-09 Pre-Game Skate at AmeriHealth Pavilion Order Form

165 Mulberry Street, Newark, NJ 07102

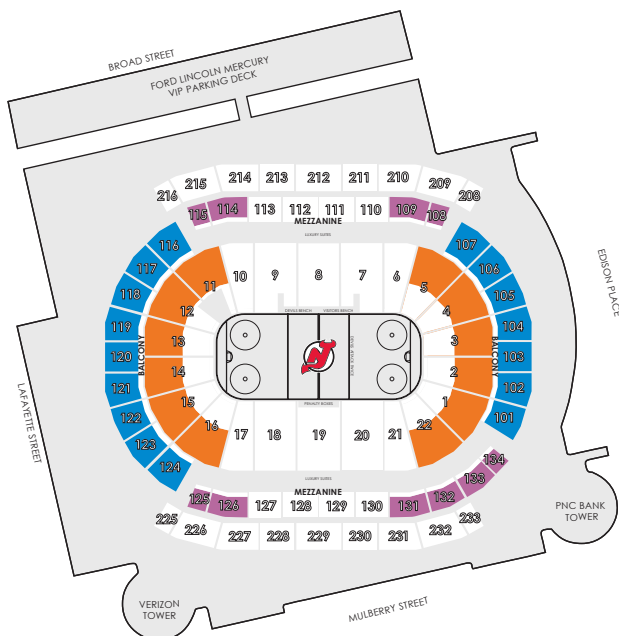
Phone – 973.757.6151 or 973.757.6160 | Fax – 973.757.6398

Game \_\_\_\_\_ Order # \_\_\_\_\_

Reservation  Paid in Full

Group Name Company Address	_____	Entered Manager Batch	_____
	_____		_____
	_____		_____
	_____		_____
Work Home Cell Fax E-Mail	_____	Grp Type	_____
	_____		_____
	_____		_____
	_____		_____
		Payment <i>(Circle One)</i>	Check CC Internet Cash Other _____
			XXXX _____
		Card #	_____

Please check off the appropriate box to select one of the packages listed below. Each package costs \$7,500 and includes ninety (90) minutes of ice time on the AmeriHealth Pavilion ice surface at Prudential Center. Reference the seating chart below for an approximate location to your seats. Please sign below to confirm your agreement to the Terms and Conditions attached (AmeriHealth Ice Pavilion Agreement for Ice Rental, AmeriHealth Ice Pavilion Terms & Conditions, AmeriHealth Ice Pavilion Ice Rental Information, and Participant's Release).



**BALCONY PACKAGE**  
Light Blue (\$65 face value)  
240 Group Tickets

**MEZZANINE PACKAGE**  
Lavender (\$70 face value)  
170 Group Tickets

**LOWER LEVEL PACKAGE**  
Orange (\$95 face value)  
110 Group Tickets

Skates to be provided, free of charge, to guests without their own pair.

Package Price\* = \$7,500  
Deposit (non-refundable)\* = \$2,000

Remaining Balance Due 30 Days Prior To Game

Subtotal (less deposit) = \_\_\_\_\_  
Paid = \_\_\_\_\_

Balance Due = \_\_\_\_\_

\*In case of cancellation within 30 days prior to game, amounts may be credited to another date within the 2008-09 Season and subject to availability within DAE's sole discretion.

## FOR OFFICE USE ONLY

Checks \_\_\_\_\_ Cust # \_\_\_\_\_  
CC \_\_\_\_\_ Batch # \_\_\_\_\_  
Internet \_\_\_\_\_ Ref # \_\_\_\_\_  
Cash \_\_\_\_\_ O'Paid \_\_\_\_\_

## FORMS RECEIVED & COMPLETED

- AmeriHealth Ice Pavilion Agreement for Ice Rental
- AmeriHealth Ice Pavilion Terms & Conditions
- AmeriHealth Ice Pavilion Ice Rental Information
- Participant's Release

X

Authorized Signature and Date (This signature and date authorizes credit card charge; accepts all group ticket guidelines.)