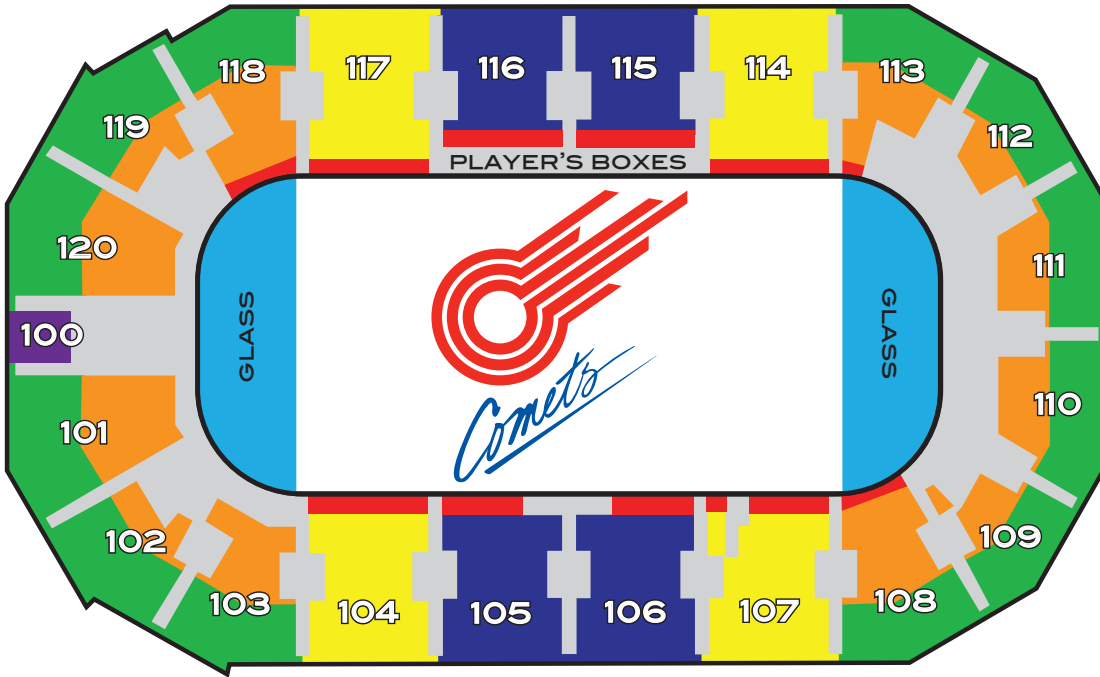


2010 - 2011 COMETS SEASON TICKET ORDER FORM

(* Indicates a required field)

FIRST NAME* _____ LAST NAME* _____
 COMPANY NAME _____ CONTACT NAME _____
 BILLING ADDRESS* _____
 CITY* _____ STATE* _____ ZIP CODE* _____
 HOME PHONE _____ CELL PHONE _____
 E-MAIL ADDRESS* _____



**INDEPENDENCE
EVENTS CENTER**



Mail to: 4801 Cliff Drive • Ste. 300 • Independence, Mo • 64055 • Fax to: (816)478-7843
 Phone: (816)478-BALL (2255) • Email: tickets@cometsindoorsoccer.com • www.cometsindoorsoccer.com

Choose seat type and ticket quantity. (12 games per season ticket package)

Elite: _____ ticket quantity x \$357.00 = \$ _____ **Plaza:** _____ ticket quantity x \$153.00 = \$ _____
Midfield: _____ ticket quantity x \$306.00 = \$ _____ **Terrace:** _____ ticket quantity x \$122.40 = \$ _____
Fieldside: _____ ticket quantity x \$204.00 = \$ _____

*Prices reflect 15% discount on regular season tickets. Non-refundable \$25.00 deposit per seat required to secure tickets.
 Half payment due Sept. 1, 2010 / Full payment due Oct. 1, 2010*

* All sales are final. No refunds on deposits will be given. The team will not be responsible for incorrect email addresses or phone numbers and/or undeliverable notification attempts.

Choose form of payment.

Check enclosed: payable to **Missouri Comets**
 Credit Card: MasterCard VISA AMEX Discover
 Name on Card: _____
 Card Number: _____
 Expiration: _____ CC ID #: _____
(VISA, MC: last 3 digits on back of card) (AMEX: 4 digits small print front of card)
 Signature: _____ Date: _____

Staff Use Only.

Date Received: _____ Account #: _____
 Seat Location: Section _____ Row _____ Seats _____
 Total Sale Amount: \$ _____ Pay in Full 1st Payment
 Outstanding Amount Balance: \$ _____