



2011 - 2012 COMETS SEASON TICKETS



FIRST NAME _____ LAST NAME _____
 HOME PHONE _____ CELL PHONE _____
 ADDRESS _____ CITY/STATE/ZIP _____
 E-MAIL ADDRESS _____



INDEPENDENCE EVENTS ★ CENTER

MISSOURI COMETS
 4801 Cliff Drive, Ste. 300
 Independence, MO 64055
 Phone: (816)478-BALL (2255)
 Fax: (816)478-7843
 Email: tickets@cometsindoorsoccer.com
www.cometsindoorsoccer.com

Section	SINGLE TICKET PRICES Single Ticket x 12 Games = \$ Total	SEASON TICKET PRICES		
		25% off if paid in full by 3/25/2011	20% off if paid in full by 7/1/2011	15% off regular ticket prices
Elite	\$40.00 x 12 games = \$480.00	\$360.00	\$384.00	\$408.00
Midfield	\$24.00 x 12 games = \$288.00	\$216.00	\$230.40	\$244.80
Fieldside	\$20.00 x 12 games = \$240.00	\$180.00	\$192.00	\$204.00
Plaza	\$16.00 x 12 games = \$192.00	\$144.00	\$153.60	\$163.20
Terrace	\$13.00 x 12 games = \$156.00	\$117.00	\$124.80	\$132.60

Non-refundable \$50.00 deposit per seat payment before Aug. 1, 2011. Half payment due Sept. 1, 2011. Full payment due Oct. 1, 2011

* Prices reflect 25%, 20%, and 15% discount on regular ticket prices. All sales are final. No refunds on deposits will be given. Number of games and pricing subject to change. 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: \$ _____