

# 2010 CSCHL TOURNAMENT TICKET ORDER FORM



Friday/Saturday games start at 10am, 1pm, 4pm and 7:30pm • Sunday's championship game starts at 1pm • Friday/Saturday Iowa State games will be 7:30pm • Single game tickets are valid for one game of your choice on either Friday or Saturday.

Iowa State Hockey season ticket holders receive a discount. Proof of season ticket required.

PACKAGE	QUANTITY	PRICE	SUB-TOTAL
Single GAME ticket - child		\$7.00	
Single GAME ticket - student		\$10.00	
Single GAME ticket - adult		\$15.00	
Single GAME ticket - season ticket child		\$5.00	
Single GAME ticket - season ticket student		\$7.00	
Single GAME ticket - season ticket adult		\$10.00	
<b>Friday DAY pass - child</b>			
Friday DAY pass - child		\$10.00	
Friday DAY pass - student		\$15.00	
Friday DAY pass - adult		\$20.00	
Friday DAY pass - season ticket child		\$7.00	
Friday DAY pass - season ticket student		\$10.00	
Friday DAY pass - season ticket adult		\$15.00	
<b>Saturday DAY pass - child</b>			
Saturday DAY pass - child		\$10.00	
Saturday DAY pass - student		\$15.00	
Saturday DAY pass - adult		\$20.00	
Saturday DAY pass - season ticket child		\$7.00	
Saturday DAY pass - season ticket student		\$10.00	
Saturday DAY pass - season ticket adult		\$15.00	
<b>Championship GAME ticket - child</b>			
Championship GAME ticket - child		\$7.00	
Championship GAME ticket - student		\$10.00	
Championship GAME ticket - adult		\$15.00	
Championship GAME ticket - season ticket child		\$5.00	
Championship GAME ticket - season ticket student		\$7.00	
Championship GAME ticket - season ticket adult		\$10.00	
<b>Tournament Pass - child</b>			
Tournament Pass - child		\$20.00	
Tournament Pass - student		\$30.00	
Tournament Pass - adult		\$40.00	
Tournament Pass - season ticket child		\$15.00	
Tournament Pass - season ticket student		\$20.00	
Tournament Pass - season ticket adult		\$30.00	

Send order form to **Cyclone Hockey, B7A Industrial Education II, Ames, Iowa 50011** or fax **515-294-1123**  
 (All orders will receive a phone or e-mail confirmation and be placed at Will Call.)

SUBTOTAL \_\_\_\_\_  
 CREDIT CARD \_\_\_\_\_  
 PROCESSING FEE (5%) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_ CASH \_\_\_ CHECK \_\_\_ VISA \_\_\_ MC \_\_\_ DISC  
 CHECK # \_\_\_\_\_  
 CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

PAYMENT RECIEVED \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ WILL CALL \_\_\_\_\_ STAFF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_