



# 2010 Season Tickets

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**VIP RESERVED SECTIONS 8, 9, & 10...FOR SEASON TICKET HOLDERS ONLY!!!**



### Season Ticket Order

**SOC CERITAVILLE:**  
**Deck Access, Sect 8-10 Seating for 10 Games**

With Beer Privileges \_\_\_\_\_ @ \$220 = \_\_\_\_\_

No Beer Privileges \_\_\_\_\_ @ \$150 = \_\_\_\_\_

**VIP RESERVED:**  
**Sections 8-10 Seating for 10 Games**

Adult \_\_\_\_\_ @ \$130 = \_\_\_\_\_

Youth \_\_\_\_\_ @ \$50 = \_\_\_\_\_  
 (4-17 years old)

**Youth Pro Pass: City Islanders Academy**

Pro Pass Redemption \_\_\_\_\_ @ \$0 = \_\_\_\_\_

**TOTAL = \_\_\_\_\_**

### Payment Method

ALL DEPOSITS AND PURCHASES ARE NON-REFUNDABLE

CHECK# \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ALL CHECKS SHOULD BE MADE PAYABLE TO:  
**HARRISBURG CITY ISLANDERS**  
 (YOU WILL BE CHARGED A \$25 SERVICE FEE FOR ANY RETURNED CHECKS)

CASH \_\_\_\_\_

CREDIT CARD: MC / VISA / DISCOVER / AMEX

\_\_\_\_\_

EXP: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CARD HOLDER

### Contact Us

Please mail or fax completed form with payment to:  
 Harrisburg City Islanders  
 2090 Linglestown Road, Suite 201  
 Harrisburg, PA 17110

P: 717-441-GOAL ~ F: 717-441-4626  
 www.cityislanders.com

CI USE: Date \_\_\_\_\_ Tickets \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Seat(s) \_\_\_\_\_ Balance \$ \_\_\_\_\_