

**IZOD INVITATIONAL
VILLANOVA VS FORDHAM
IZOD CENTER • DECEMBER 19, 2009 @ 2:00 PM
GROUP SALES ORDER FORM – FAX 201-896-0590 – PHONE 201-460-4370**

Instructions: Form must be filled out completely and signed or order will not be accepted. Return via fax, mail or e-mail.

Show Day / Date: SATURDAY, DECEMBER 19, 2009 Show Time: 2:00PM

Contact Person: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Day Phone: _____ Night Phone: _____ Fax: _____

| # of Tickets (15+) | Full Ticket Price | No Discount | Seating Level | Total Cost (# of tickets x price = cost) |
|--|----------------------|-----------------------------|---|---|
| Sold Out | \$35.00 | \$35.00 | Lower Level | |
| | \$30.00 | SAVE \$5 \$25.00 | Lower End Zones & Upper Levels | |
| Save \$5 on \$30 tickets ONLY | | | Group Sales Fee | \$ 10.00 |
| | | | Optional Parking Fee Bus \$30 or Van \$15 | |
| | | | TOTAL: | |

**** ADA GROUPS MUST SPECIFY THE TYPE OF SEATING NEEDED** # of WC ___ # of FC ___**

Method of Payment:

Check: (payable to NJSEA) Check #: _____ **Amount Paid: \$** _____

Personal/business checks will be accepted until December 1, 2009. Credit card, cash, certified check or money orders only after that time.

Credit Card: MC / Amex / Visa **Amount Paid: \$** _____

Card # _____ Exp. Date: _____

Purchase Order: PO #: _____ **Amount of PO: \$** _____

Group Ticket Guidelines

To order group tickets, you must complete this form and return with full payment. The number of tickets purchased per event must be 15 or more to be eligible as a group ticket purchase. Seating is assigned on a best available first-come, first-served basis upon payment in full. Tickets are printed and mailed within three weeks of full payment. Tickets will not be mailed after December 11, 2009. All orders processed after that date must be picked up in person prior to the performance. Tickets can be mailed via UPS or FedEx upon request and receipt of valid account number or authorized credit card number. There are no full or partial refunds or full or partial exchanges on tickets purchased. **Tickets & seat locations are subject to availability. ALL SALES ARE FINAL.** ADA group information call 201-460-4370.

X _____ Date: _____

Authorization: This signature and date authorizes credit card charge; accepts all group ticket guidelines; and accepts responsibility for payment in full on tickets purchased.

Office Use Only:

Account #: _____ Sales Manager: _____ Date/Time _____

Received: _____ Location(s): _____

Notes: _____

IZOD Center Group Sales, PO Box C-250, East Rutherford, NJ 07073