




# GROUP TICKET ORDER FORM

To order, please complete the following information

Group Contact: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home/Business Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_



### Group Pricing

Section	Gate	15-49	50-99	100+
Lower Bowl	\$18	\$16	\$15	\$14
Main Level	\$14	\$10	\$9	\$8
Corner/Endzone	\$10	\$8	\$7	\$6

\*Seating will be assigned in the order deposits are received

\* All Fan Experience Packages require a minimum purchase of Main Level seats and all performances are subject to approval.

**Choose seat type and ticket quantity**

Game Date: \_\_\_\_\_

Lower Bowl: \_\_\_\_\_ ticket quantity

Main Level: \_\_\_\_\_ ticket quantity

Endzone/Corner: \_\_\_\_\_ ticket quantity

Order Total: \_\_\_\_\_

Total First Payment (\$50 minimum): \_\_\_\_\_

Seating Preference (N,S,W): \_\_\_\_\_

Fan Experience Package: \_\_\_\_\_

**Choose form of payment**

Cash    Check    Amex    Visa

Master Card    Discover

CC #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CC ID#: \_\_\_\_\_  
(Visa, MC: Last 3 digits on back of card)  
 (AMEX: 4 digits small print on front of card)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Make checks payable to: Erie BayHawks  
 Mail to 110 East 8th Street, Erie, PA 16501 –or– Fax to: 814-790-5608

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

**Share the excitement and help grow professional basketball in Erie! Do you have any friends, family, or colleagues who may be interested in supporting the Erie BayHawks?**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

NBA Affiliates:



**Call: (814) 790-5600 • Email: [groups@nbaerie.com](mailto:groups@nbaerie.com) • Visit: [www.ErieBayHawks.com](http://www.ErieBayHawks.com)**