AMATEUR HOCKEY GROUPS

CHICAGO FALL CLASSIC TOURNAMENT BLACKHAWKS TICKET ORDER FORM

	וטאט	ER FURIN	
NAME:			
TEAM NAME/Y	'EAR:		_
TOURNAMENT	DATE:		
STREET ADDR	ESS:		
DAY PHONE: _			
EMAIL:			
CITY:STATE/PROVINCE/COUNTRY:		ZIP:	
Saturday	y, October 11 (6:00	Opm) vs. Montre	al Canadiens
GATE 2 MADI:			
331 332 333 334	301 302 303 304 N	300-level (sections 3	06-312) - \$60/seat

GATE 2 MADISON GATE 3 331 332 333 334 301 302 301 304 N 110 120 121 122 101 102 103 704 205 106 332 225 116 105 206 308 332 225 116 105 206 308 332 225 116 117 110 100 100 210 310 332 225 116 118 118 112 111 110 100 210 310 324 324 321 321 321 310 325 225 116 118 118 112 111 110 100 212 311 326 327 317 316 315 314 312 310 GATE 7 ADAMS GATE 6

MAIL OR EMAIL THIS COMPLETED ORDER FORM TO:

Chicago Blackhawks Attn: Ben Ostler

1901 W. Madison St. Chicago, IL 60612

Email: bostler@blackhawks.com

Phone: (312) 455-7096

300-level (section 302-303) - \$80/seat

200-level (sections 207-211) - \$187/seat

# OF TICKETS	PRICE PER TICKET
TOTAL	

MINIMUM ORDER OF 10 TICKETS

METHOD OF PAYMENT

Card Type (Ex. Visa):	
Card Number:	
EXP Date:	
Name on Card:	
Signature:	
Billing ZIP Code:	