

HOME PLATE 2024 - June 22 - Ticket Order Form

*Please complete this form and mail it to: **HOME PLATE 2024, Jeff Totten, PO Box 99026, Troy, MI 48099-9026.** Tickets are limited. Orders will be filled on a first-come, first-served basis.

*Please enclose one check or money order **made payable to HOME PLATE 2024** for the total amount of the order including **postage and handling rate** in U.S. Funds.

GROUP NAME: _____ WEB SITE: _____

GROUP MAILING ADDRESS: _____ CITY: _____

STATE or PROVINCE: _____ ZIP or POSTAL CODE: _____

NAME OF GROUP LEADER: _____ E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

PASTOR'S NAME (if church): _____ E-MAIL: _____

Check this box **IF** you desire tickets mailed to an address different than the one above. Please include name and address information on **BACK** of this order form if different than the one above. Thank You.

WORK BOX - GAME TICKET ORDERS (Program Included) (You May Divide Your Order Among More Than One Seating Area)

Mezzanine Seats (Upper Deck): Number of Tickets: _____ X \$28.00 = \$ _____

Upper Grandstand (Upper Deck): Number of Tickets: _____ X \$30.00 = \$ _____

Right Field Bleachers (Lower Deck): Number of Tickets: _____ X \$36.00 = \$ _____

Pavilion Seats (Lower Deck): Number of Tickets: _____ X \$38.00 = \$ _____

Outfield Box Seats (Lower Deck): Number of Tickets: _____ X \$56.00 = \$ _____

Infield Box Seats (Lower Deck): Number of Tickets: _____ X \$76.00 = \$ _____

HANDICAP SEATING NEEDS (Will be Located as Close as Possible to Location of Your Group's Seats):

As **PART OF** your total number of tickets listed above, please indicate handicap seating needs.

_____ - Number of Wheelchair Spots

_____ - Number of Companion Seats (please limit to 1 per wheelchair or contact us for approval of 1 additional spot)

TOTAL NUMBER OF TICKETS YOU ARE REQUESTING: _____

SUB TOTAL: _____

POSTAGE & HANDLING: + \$10.00

TOTAL AMOUNT DUE (U.S. Funds): _____

OFFICE USE ONLY

DATE RECEIVED: _____ TOTAL NUMBER OF TICKETS REQUESTED: _____

CHECK/M.O.: # _____ PAYMENT RECEIVED: \$ _____

GAME TICKETS: Section: _____ Row: _____ Seat: _____

Section: _____ Row: _____ Seat: _____