HOME PLATE 2026 - June 6 - Ticket Order Form

*Please complete this form and mail it to: HOME PLATE 2026, 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 <u>one</u> check or money order made payable to HOME PLATE 2026 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: _____

CELL PHONE: (_____)_____ WORK 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 $27.00 = $ _____

Upper Grandstand (Upper Deck): Number of Tickets: _____ X $27.00 = $ _____

Pavillion (Lower Deck): Number of Tickets: _____ X $43.00 = $ _____

Outfield Box Seats (Lower Deck): Number of Tickets: _____ X $59.00 = $ _____

Infield Box Seats (Lower Deck): Number of Tickets: _____ X $75.00 = $ _____

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: _____ .00

POSTAGE & HANDLING: **+ $10.00**

TOTAL AMOUNT DUE (U.S. Funds): $ _____ .00

OFFICE USE ONLY

DATE RECEIVED: _____ TOTAL NUMBER OF TICKETS REQUESTED: _____

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

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

Section: _____ Row: _____ Seat: _____