

Mail Order to:  
 Salem Avalanche  
 Attn: Ticket Dept.  
 P.O. Box 842  
 Salem, VA 24153



## 2008 Salem Avalanche Ticket Book Order Form

Company (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

	<u># Books</u>		<u>Cost per Book</u>		<u>Total</u>
10 Ticket – Ticket Book	_____	x	\$50	=	_____
20 Ticket – Ticket Book	_____	x	\$95	=	_____
Total Value:					_____
Shipping:					<u>+ \$5.00</u>
Total Cost:					_____

Make Checks payable to: Salem Avalanche Baseball Club

Check #: \_\_\_\_\_

\*Payment must be received for Ticket Books to be mailed. Ticket Books may not be reserved unless payment has been received. If Ticket Books are all sold out when order is received, your payment will be returned to you promptly.

FOR OFFICE USE ONLY:	Employee Initials: _____
Date Received: _____	Date Mailed: _____ Ticket Book Numbers: _____