

GROUP SALES

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SPORTS · CONCERTS · FAMILY

IZOD CENTER

Winter Wonder Slam 2010 featuring TobyMac and Skillet with special guest Shonlock • Dec. 11, 2010 @ 7pm

(Instructions: Form must be filled out completely and signed or order will not be accepted. Return via fax, mail or e-mail.)

Show Day / Date: Saturday, December 11 Show Time: _____

Contact Person: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Day Phone: _____ Cell Phone: _____ Fax: _____

# of Tickets (15+)	Ticket Price		Seating Level	Valid Performances	Total Cost (# of tickets x price = cost)
	\$58.50		Lower Level	Saturday, Dec. 11 @ 7pm	
	\$48.50		Lower Level	Saturday, Dec. 11 @ 7pm	
	\$38.50		Upper Level	Saturday, Dec. 11 @ 7pm	
	\$22.50	Limited Availability	Upper Level	Saturday, Dec. 11 @ 7pm	
				Optional Bus or Van Fee: \$30/\$20:	
				GROUP SALES FEE:	\$10.00
				TOTAL:	

**** ADA GROUPS MUST SPECIFY THE TYPE OF SEATING NEEDED** # of WC ___ # of FC ___**

Method of Payment:

Check: Check #: _____ Amount Paid: \$ _____

Personal/business checks will be accepted until November 19, 2010. Credit card, cash, certified check or money orders only after that time

PLEASE MAKE ALL CHECKS PAYABLE TO: NJSEA

Credit Card: MC / Amex / Visa Amount Paid: \$ _____

Card # _____ Exp. Date: _____

Group Ticket Guidelines

To reserve group tickets, you must complete this form and return with full payment. The number of tickets purchased per event must be 15 or more to be eligible as a group ticket purchase. Seating is assigned on a best available first-come, first-served basis upon payment in full. Tickets are printed and mailed within four weeks of full payment. Tickets will not be mailed after December 3, 2010. All orders processed after that date must be picked up in person prior to the performance or you can provide us with a UPS or FED EX number. There are no full or partial refunds or full or partial exchanges on tickets purchased. **Tickets & seat locations are subject to availability. ALL SALES ARE FINAL.** ADA group information call 201-460-4370. Any child over 12 months old needs a ticket for admission.

X _____ Date: _____

Authorization: This signature and date authorizes credit card charge; accepts all group ticket guidelines; and accepts responsibility for payment in full on tickets purchased.

Office Use Only:

Account #: _____ Sales Manager: _____ Date/Time Received: _____ Location(s): _____

P.O. BOX C-250, East Rutherford, NJ 07073-0250

IZODCENTER.com/groupsales