



**Memorial Coliseum Ticket Order Form
Club Seat Owners**

Event Date:	
Event Name:	
Company/Owner Name:	
Name on Ticket Envelope:	
Ticket Distribution: Please Circle:	WILL CALL MAIL

<i>Club Seat Tickets:</i>	<i>Presale Arena Tickets</i>	<i>Request for Additional Club Seats:</i>
Club Seat Section:	Number Of Tickets Needed:	Quantity:
Club Seat Row:		
Club Seat Numbers:	(Please Note: We are unable to take any specific requests for Presale tickets. The tickets will be the best we have available at the time the orders are pulled.)	(Please Note: You will be put on the Club Seat waiting list for additional Club Seats needed. Upon the deadline to purchase club seats, you will be contacted in regards to your needs.)

<i>Payment Information</i>	
Payment Type	Credit Card on File <input type="checkbox"/> Credit Card # Below <input type="checkbox"/>
Credit Card Type	VI <input type="checkbox"/> MC <input type="checkbox"/> DI <input type="checkbox"/>
Name on Credit Card	
Credit Card Number	
Expiration Date	
Three Digit Security Code on Back of Card	
Billing Address Zip Code	

PLEASE FAX TO 260-480-3773 OR EMAIL TO premiumseating@memorialcoliseum.com