

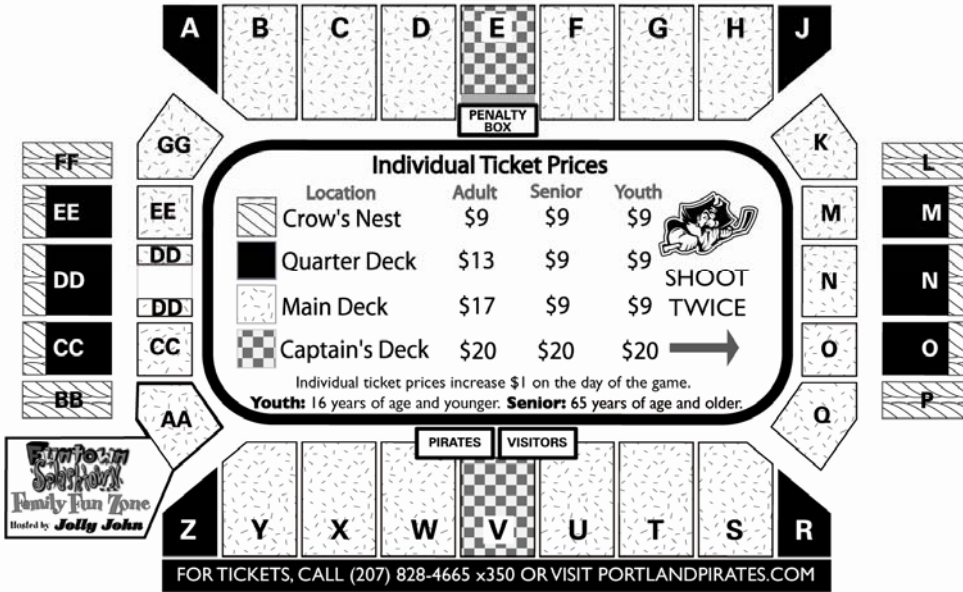
Portland Pirates Hockey



Family Five Pack Presented by Sudzie Autowash



CUMBERLAND COUNTY CIVIC CENTER



Here's what you get at any Sunday home game...

- 5 Main Deck Game Tickets
- 5 Hot Dogs or Pizza Slices
- 5 Regular Size Sodas
- 1 "Daily Scroll" Game Day Program
- One (1) coupon for Sudzie Minuteman Exterior Wash

NOTE - Additional tickets (including food & drink coupons) available for

**A \$123 Value for
ONLY \$60!**

2008-2009 Sunday Home Games

- October 19, 2008 vs. Providence Bruins at 4:00 PM
- November 30, 2008 vs. Manchester Monarchs at 4:00 PM
- December 21, 2008 vs. Worcester Sharks at 4:00 PM
- December 28, 2008 vs. Worcester Sharks at 4:00 PM

- January 4, 2009 vs. Springfield Falcons at 4:00 PM
- January 11, 2009 vs. Springfield Falcons at 4:00 PM
- March 1, 2009 vs. Lowell Devils at 4:00PM
- April 5, 2009 vs. Springfield Falcons at 4:00 PM

GAME #1					
_____	_____ # of Five Packs	x	\$60	=	\$ _____
(Game Date)	_____ # of Additional Tickets	x	\$18	=	\$ _____
GAME #2 (if applicable)					
_____	_____ # of Five Packs	x	\$60	=	\$ _____
(Game Date)	_____ # of Additional Tickets	x	\$18	=	\$ _____

All tickets will be in Main Deck based upon availability. If Main Deck is sold out, the Pirates will issue best available Quarter Deck seats. All seats will be together.

Family Five Pack Processing Fee = \$ 6.00
TOTAL = \$ _____

Portland Pirates Hockey



Family Five Pack

Order Form

Date ____/____/____
Month Day Year

Contact Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone (W) (____) _____ - _____ (H) (____) _____ - _____ (Cell) (____) _____ - _____

(Fax) (____) _____ - _____ E-Mail _____ Birthdate ____/____/____

I prefer to be contacted via E-mail Home Phone Work Phone Cell Phone

E-MAIL OPT OUT – I do not wish to receive special e-mail news, discounts and promotional offers from the Pirates.

PAYMENT INFORMATION

Enclosed is my check or money order # _____ in the amount of \$ _____
Please note Returned checks due to non-sufficient funds will be subject to a \$25, per occurrence, service charge.

Please charge my credit card in the amount of \$ _____

Credit Card Information Type (circle one) Visa MasterCard American Express

Account # _____ Exp. Date ____/____/____
Month Year

CVV # _____ Cardholder Name _____

Last 3 digits on the back of Visa/Mastercard
or 4 digit code on the front of AMEX card

Cardholder Signature _____

ALL TICKET PAYMENTS, INCLUDING SEAT DEPOSITS, ARE NON-REFUNDABLE.

For Office Use Only

Sales Rep: _____

Date Processed / Database: _____

Date Mailed: _____

Pirates

Civic Center

PLEASE RETURN THIS FORM ALONG WITH PAYMENT TO

Portland Pirates Family Five Packs • 94 Free Street • Portland, ME 04101 • Fax (207) 773-3278 • Phone (207) 828-4665 x350