



Fargo-Moorhead RedHawks

Season Tickets

Come and Join the FUN!!!

Fax to: 701-297-9247

E-Mail to: mlarson@fmredhawks.com

Mail to: Fargo-Moorhead RedHawks Ticket Office
1515 15th Ave. North

Fargo, ND 58102

2008 Season Ticket Request Form

Name: _____

Company: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

of Season Tickets Requested _____ **Price per Seat: \$350**

Section Preference (circle all that apply)

A B C D E F G H I J K

\$50 Minimum Deposit Per Seat (Non-Refundable)

Deposit Payment Options (Check One)

_____ Check Enclosed for Deposit and/or Total Balance

_____ Charge Credit Card for Deposit

Visa or MasterCard:

_____ Exp _____

Balance Payment Options (Check One)

_____ Bill Remaining Balance

_____ Charge My Credit Card for Balance on the following date: _____

Sign: _____ **Date:** _____

Welcome to the RedHawks Season Ticket Family! A RedHawks Ticket Representative will contact you upon receipt of this form. For questions or comments contact the RedHawks Ticket office at 701-235-6161

