



2012 Season Ticket Order Form



COMPANY _____

TICKET HOLDER NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

MID AMERICA CENTER

Seat Location	Season Tickets	Qty.	Deposit Amount	Total Deposit Amount Paid
FRONT ROW	\$108.00		\$50.00	
LEVEL 1 ROWS 2-10	\$81.00		\$40.00	
LEVEL 2 ROWS 11+	\$55.20		\$20.00	
TOTAL DEPOSIT AMOUNT				\$
Cash _____ Check # _____ MC/V _____				

PLEASE MAKE PAYMENT PAYABLE TO: COUNCIL BLUFFS EXPRESS INDOOR FOOTBALL

ASSIGNMENT PRIORITY TIMELINE:

You may submit your ticket request at any time.

Assignment of seats for new season ticket holders will be on first-come basis

ALL SEASON TICKETS MUST BE PAID IN FULL 2 WEEKS PRIOR TO START OF SEASON

Please rate your preferred side of the arena: North _____ South _____ End Zone _____

**RETURN COMPLETED ORDER FORM WITH PAYMENT AND DEPOSIT TO:
 COUNCIL BLUFFS INDOOR FOOTBALL – Attn: OSM
 1 ARENA WAY, COUNCIL BLUFFS, IOWA 51501**

****There will be a \$3.00 processing fee added to each order**

