



# 2024 Flex Ticket Order Form



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Box Seat Flex Tickets (Red Seats)

\_\_\_\_\_ (10) Flex Tickets x \$125 = \_\_\_\_\_

\_\_\_\_\_ (15) Flex Tickets x \$180 = \_\_\_\_\_

\_\_\_\_\_ (25) Flex Tickets x \$290 = \_\_\_\_\_



## Reserved Seat Flex Tickets (Blue Seats)

\_\_\_\_\_ (10) Flex Tickets x \$105 = \_\_\_\_\_

\_\_\_\_\_ (15) Flex Tickets x \$150 = \_\_\_\_\_

\_\_\_\_\_ (25) Flex Tickets x \$240 = \_\_\_\_\_





# 2024 Flex Ticket Order Form



## Purchase Summary

Total Purchases: \_\_\_\_\_

Total Enclosed/Authorized Payment: \_\_\_\_\_

Total Remaining Balance: \_\_\_\_\_

## Payment Method

Cash     Check     Credit/Debit Card

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

I have enclosed cash or check for full payment (please make check payable to: Sioux City Explorers)

I authorize the Sioux City Explorers Baseball Club L.L.C. to automatically charge my credit/debit card below for the full payment

I have enclosed cash or check for the 25% non-refundable per seat deposit and wish to be invoiced for the remaining balance in (3) equal payments due on February 1, March 1, and April 1

I authorize the Sioux City Explorers Baseball Club L.L.C. to charge my credit/debit card for the 25% non-refundable per seat deposit and authorize SCEBC L.L.C. to charge my card for the remaining balance in (3) equal payments on February 1, March 1, and April 1

## Internal Use Only

Deposit \_\_\_\_\_ Received \_\_\_\_\_

Payment #1 \_\_\_\_\_ Received \_\_\_\_\_

Payment #2 \_\_\_\_\_ Received \_\_\_\_\_

Payment #3 \_\_\_\_\_ Received \_\_\_\_\_