



2025 SIOUX CITY EXPLORERS FLEX PACK FORM

CONTACT INFORMATION

First Name:

Last Name:

Company:

Address:

City:

State: Zip:

Phone:

Email:

BOX SEAT FLEX TICKETS (RED SEATS)

10 Ticket Pack x \$125 = \$

15 Ticket Pack x \$180 = \$

25 Ticket Pack x \$290 = \$

RESERVED SEAT FLEX TICKETS (BLUE SEATS)

10 Ticket Pack x \$105 = \$

15 Ticket Pack x \$150 = \$

25 Ticket Pack x \$240 = \$

- I have enclosed cash or check for full payment. (Please make check payable to: Sioux City Explorers)
- 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 Feb 1, Mar 1, & Apr 1

- I authorize the Sioux City Explorers Baseball Club L.L.C. to automatically charge my credit/debit card below for the full payment
- 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 due on Feb 1, Mar 1, & Apr 1

PURCHASE SUMMARY

Total Purchase: \$

Total Enclosed/Authorized Payment: \$

Total Remaining Balance: \$

INTERNAL USE ONLY

Payment #1	Received
Payment #2	Received
Payment #3	Received