

2026 SIOUX

SEASON TICKET	RENEWAL FORM
CONTACT INFORMATION	FULL SEASON PLANS
First Name:	EARLY BIRD Box No. of Seats x \$450 = \$
Last Name:	EARLY BIRD Reserved No. of Seats x \$375 = \$
Company:	Box Seats No. of Seats x \$500 = \$
Address:	Reserved Seats No. of Seats x \$425 = \$
City:	HALF SEASON PLANS
State: Zip:	EARLY BIRD Box No. of Seats $x $275 = $
Phone:	EARLY BIRD Reserved No. of Seats x \$225 = \$
Email:	Box Seats No. of Seats x \$300 = \$
Section: Row: Seat(s):	Reserved Seats No. of Seats x \$250 = \$
SEASON TICKET HOLDER BENEFITS ✓ FREE PARKING PASS ✓ 10% DISCOUNT CARD TO TEAM SHOP	EXCLUSIVE OFFERS Explorer's Sweatshirt Available on orders before March 1st Size: S M L XL XXL Sweatshirts x \$25 = \$
▼ NO WASTED TICKET POLICY Trade in any unused Season Tickets for valid game tickets at no extra cost ▼ FIRST CHANCE TO PURCHASE PLAYOFF TICKETS ▼ PAY BEFORE DECEMBER 127H AND RECEIVE A SEASON TICKET HOLDER GIFT! **FORM TO THE WASTE OF THE SEASON TICKET HOLDER GIFT! **FORM TO THE WASTE OF THE SEASON TICKET HOLDER GIFT! **FORM TO THE WASTE OF THE SEASON TICKET HOLDER GIFT! **FORM TO THE WASTE OF THE WASTE OF THE SEASON TICKET HOLDER GIFT! **FORM TO THE WASTE OF	Explorer's T-Shirt Available on orders before March 1st Size: S M L XL XXL T-Shirts x \$15 = \$
	Mug Club Receive an X's Mug along with 100 tickets for 1/2 Off drinks at concessions. Available on orders before March 1st.
I have enclosed cash or check for full payment. I authorize the Sioux City Explorers Baseball Club L.L.C.	100 Ticket Packages x \$25 = \$
(Please make check to automatically charge my payable to: Sioux City credit/debit card below for Explorers) the full payment	PURCHASE SUMMARY Total Purchase: \$
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 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 Feb 1, Mar 1, & Apr 1	Total Enclosed/Authorized Payment: \$
	Total Remaining Balance: \$
	I would like: ☐ Printed Tickets ☐ Digital Tickets
	PAYMENT METHOD □ VISA □ MC □ Discover □ Check □ Cash

Card No.:

Signature:

Exp:

CVV: