



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 \$135 = \$

15 Ticket Pack x \$195 = \$

25 Ticket Pack x \$300 = \$

RESERVED SEAT FLEX TICKETS (BLUE SEATS)

10 Ticket Pack x \$115 = \$

15 Ticket Pack x \$165 = \$

25 Ticket Pack x \$250 = \$

☐ 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 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

PURCHASE SUMMARY

Total Purchase: \$

Total Enclosed/Authorized Payment: \$

Total Remaining Balance: \$

PAYMENT METHOD

☐ VISA ☐ MC ☐ Discover ☐ Check ☐ Cash

Card No.:

Exp: CVV:

Signature:

All applicable taxes are included in prices.