

AMATEUR HOCKEY GROUPS

CROSSROADS TOURNAMENT BLACKHAWKS TICKET ORDER FORM

NAME: _____

TEAM NAME/YEAR: _____

TOURNAMENT DATE: _____

STREET ADDRESS: _____

DAY PHONE: _____

EMAIL: _____

CITY: _____ STATE/PROVINCE/COUNTRY: _____ ZIP: _____



Saturday, January 17 (7:00pm) vs. Boston Bruins



300-level (sections 306-312) - \$90/seat

300-level (section 302-303) - \$120/seat

200-level (sections 207-211) - \$290/seat

# OF TICKETS	PRICE PER TICKET
TOTAL	

MINIMUM ORDER OF 10 TICKETS

METHOD OF PAYMENT

Card Type (Ex. Visa): _____

Card Number: _____

EXP Date: _____

Name on Card: _____

Signature: _____

Billing ZIP Code: _____

**MAIL OR EMAIL THIS COMPLETED
ORDER FORM TO:**

Chicago Blackhawks

Attn: Ben Ostler

1901 W. Madison St. Chicago, IL 60612

Email: bostler@blackhawks.com

Phone: (312) 455-7096