

RUTGERS VS. ARMY
October 16, 2010 @ TBA
New Meadowlands Stadium
GROUP SALES ORDER FORM – FAX 201-896-0590 – PHONE 201-460-4370

Instructions: Form must be filled out completely and signed or order will not be accepted. Return via fax, mail or e-mail.

Game Day / Date: SATURDAY, OCTOBER 16, 2010 Game Time: TBA

Contact Person: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Day Phone: _____ Night Phone: _____ Fax: _____

# of Tickets (15+)	Regular Price	Group Price	Seating Level	Total Cost (# of tickets x price = cost)
	\$50	\$45	Mezzanine End Zone / Upper Level	
			Group Sales Fee	\$10.00
			TOTAL:	
** ADA GROUPS MUST SPECIFY THE TYPE OF SEATING NEEDED** # of WC ___ # of FC ___				

Method of Payment:

Check: (payable to NJSEA) Check #: _____ Amount Paid: \$ _____
 Personal/business checks will be accepted until October 4, 2010. Credit card, cash, certified check or money orders only after that time.

Credit Card: MC / Amex / Visa Amount Paid: \$ _____
 Card # _____ Exp. Date: _____

Purchase Order: PO #: _____ Amount of PO: \$ _____

Group Ticket Guidelines

To reserve group tickets, you must complete this form and return with full payment. The number of tickets purchased per event must be 15 or more to be eligible as a group ticket purchase. Seating is assigned on a best available first-come, first-served basis upon payment in full. Tickets are printed and mailed within four weeks of full payment. Tickets will not be mailed after October 5, 2010. All orders processed after that date must be picked up in person prior to the performance or you can make arrangements to provide us with a UPS or FED EX #. There are no full or partial refunds or full or partial exchanges on tickets purchased. **Tickets & seat locations are subject to availability. ALL SALES ARE FINAL.** ADA group information call 201-460-4370. For non-NFL events, children under 34" inches in height do not require a ticket of their own but must share a seat with an accompanying adult. All children taller than 34" inches require a ticket of their own.

X _____ Date: _____

Authorization: This signature and date authorizes credit card charge; accepts all group ticket guidelines; and accepts responsibility for payment in full on tickets purchased.

Office Use Only:

Account #: _____ Sales Manager: _____ Date/Time Received: _____

Location(s): _____

Notes: _____

IZOD Center Group Sales, PO Box C-250, East Rutherford, NJ 07073 Email: groupsales@njsea.com