



2021 Altoona Curve Mini Plan Order Form



Company Name:	Name:
Mailing Address:	
City:	State: Zip Code:
Day Phone:	Evening Phone:
Fax Number:	Email Address:

Plan Name:	Section:	Row:	Seat #'s:
Seat locations for 2021 are not confirmed until the Season Ticket relocation process is complete			
CHOOSE YOUR PLAN			
HALF SEASON (30 games)			
Rail Kings	\$437.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$367.00 x	# seats: _____	=Total Price: _____
Terrace	\$297.00 x	# seats: _____	=Total Price: _____
Grandstand	\$227.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$192.00 x	# seats: _____	=Total Price: _____
WEEKENDER (20 games – Friday & Saturday games)			
Rail Kings	\$280.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$236.00 x	# seats: _____	=Total Price: _____
Terrace	\$192.00 x	# seats: _____	=Total Price: _____
Grandstand	\$148.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$126.00 x	# seats: _____	=Total Price: _____
SAMPLER (14 games)			
Rail Kings	\$204.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$172.00 x	# seats: _____	=Total Price: _____
Terrace	\$140.00 x	# seats: _____	=Total Price: _____
Grandstand	\$ 108.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$ 92.00 x	# seats: _____	=Total Price: _____
SUNDAY (10 games – Sunday games)			
Rail Kings	\$143.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$121.00 x	# seats: _____	=Total Price: _____
Terrace	\$99.00 x	# seats: _____	=Total Price: _____
Grandstand	\$77.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$66.00 x	# seats: _____	=Total Price: _____
			Total: _____

Amount of payment enclosed: _____

Form of payment: _____ Cash _____ Check _____ Check #: _____
 (check one) _____ Master Card _____ Visa _____ Discover

Name as it appears on card: _____

Credit Card #: _____ Exp. Date: _____ Sec Code: _____

TERMS & CONDITIONS: Payment in full is due at acceptance. Acceptance of these terms forfeits cancellation privileges. Sign below for acceptance of these terms (signature required).

Signature of Acceptance: _____ Date: _____

Curve Representative: _____ Date: _____