



2023 LUXURY SUITE ORDER FORM

Altoona Curve Baseball Club
1000 Park Avenue, Altoona, PA 16602
(814) 943-5400 // toll free (877) 99-CURVE
Fax (814) 943-9050 www.altoonacurve.com



Group Name:	Contact Name:	
Mailing Address:	State:	Zip Code:
City:	Fax:	
Day Phone Number:	E-mail Address:	
Evening Phone Number:		

<input type="checkbox"/> Party Suite - \$800.00/game	Includes: 36 Tickets & 4 VIP Parking Passes
<input type="checkbox"/> Loco's Birthday Pizza Package - \$800.00/game	Includes: 20 Tickets & 3 VIP Parking Passes Includes: Six Eight Slice Pizzas and 20 sodas
<input type="checkbox"/> Owners' Suite - \$600.00/game	Includes: 20 Tickets & 3 VIP Parking Passes

Dates: _____ Type/Price: _____ = Total Price: \$ _____
= 25% Deposit: \$ _____
Balance Due Date: _____ = Balance: \$ _____



PAYMENT INFORMATION:

Amount of Payment Enclosed: _____

Form of Payment: _____ Cash
(check one) _____ Check Check #: _____ Driver's License #/State: _____
_____ Master Card _____ Discover
_____ Visa
Name as it appears on card: _____

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

TERMS & CONDITIONS: A 25% non-refundable deposit is due at time of signing and/or seat reservation. Remaining balance is due in full 2 weeks (14 Days) prior to the date of event. Once tickets are paid for in full regardless, there are no refunds or credits. Acceptance of these terms forfeits cancellation privileges. In the event that an official game is not completed, all rain policies apply. RAIN CHECK - In the event 5 innings (or 4 1/2 innings if Curve is ahead) of one game are not played the tickets may be exchanged for any 2023 regular season home game of equal or lesser value subject to prior sales. If the gates are not opened, the Curve will work with your group to reschedule your group to an available date. Lozinak Professional Baseball does not issue refunds on unused tickets and is not responsible for lost or stolen tickets. Sign below for acceptance of these terms (signature required).

Signature of Acceptance: X Date: X



Curve Rep: _____ Date: _____

For office use only.	
Date Tickets Processed: _____	
Box Office Initials: _____	Ticket Return Number _____
Reps Initials: _____	Accountant Initials _____



TICKETS CANNOT BE PICKED UP OR SHIPPED OUT UNTIL PAYMENT IS MADE IN FULL. THERE IS A \$5.00 SHIPPING FEE IN ORDER TO SHIP TICKETS.