



2023 GROUP ORDER FORM
Altoona Curve Baseball Club
1000 Park Avenue, Altoona, PA 16602
(814) 943-5400 // toll free (877) 99-CURVE
www.altoonacurve.com



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

GROUP RATES (minimum of 20 tickets)					
Diamond Club (100 Level)	20 + tickets	\$11.00	Grandstand (300 Level)	20 + Tickets	\$7.00
	101 + tickets	\$10.50		101 + tickets	\$6.50
Terrace (200 Level)	20 + tickets	\$9.00			
	101 + tickets	\$8.50			

Date: _____ Type/Price _____ X # of Seats _____ = Total Price: _____

25% Deposit: _____

Seating Preference: _____ Balance Due Date: _____ = Balance: \$ _____
 (1st Base, 3rd Base, Home Plate, Outfield)



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. Acceptance of these terms forfeits cancellation privileges. Reduction in group size of more than 20% cannot be accommodated and a minimum of 80% of the original total amount due, as provided in this contract, will be due and payable in any event. Regardless, the 20-ticket minimum needs to be met. If an official game is not completed, all rain policies apply. RAIN CHECK – In the event 5 innings (or 4 ½ innings if Curve is ahead) of one game are not played the group tickets may be exchanged for any 2023 regular season home game of equal or lesser value subject to prior sales. 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.