



2022 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 2022 are not confirmed until the Season Ticket relocation process is complete

CHOOSE YOUR PLAN

HALF SEASON (35 games)

Rail Kings	\$420.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$370.00 x	# seats: _____	=Total Price: _____
Terrace	\$320.00 x	# seats: _____	=Total Price: _____
Grandstand/1B Bleachers	\$270.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$245.00 x	# seats: _____	=Total Price: _____

WEEKENDER (24 games – Friday & Saturday games)

Rail Kings	\$310.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$270.00 x	# seats: _____	=Total Price: _____
Terrace	\$235.00 x	# seats: _____	=Total Price: _____
Grandstand/1B Bleachers	\$200.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$180.00 x	# seats: _____	=Total Price: _____

SAMPLER (16 games)

Rail Kings	\$220.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$195.00 x	# seats: _____	=Total Price: _____
Terrace	\$170.00 x	# seats: _____	=Total Price: _____
Grandstand/1B Bleachers	\$140.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$130.00 x	# seats: _____	=Total Price: _____

SUNDAY (12 games – Sunday games)

Rail Kings	\$175.00 x	# seats: _____	=Total Price: _____
Diamond Club	\$155.00 x	# seats: _____	=Total Price: _____
Terrace	\$135.00 x	# seats: _____	=Total Price: _____
Grandstand/1B Bleachers	\$110.00 x	# seats: _____	=Total Price: _____
UMPC Health Plan OF Reserve	\$105.00 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: _____