



2021 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:

City:

State:

Zip Code:

Day Phone Number:

Fax:

Evening Phone Number:

E-mail Address:

☐ Party Suite - \$700.00/game

Includes: 36 Tickets & 4 VIP Parking Passes

☐ Loco's Birthday Pizza Package - \$700.00/game

Includes: 20 Tickets & 3 VIP Parking Passes

Includes: six eight slice pizzas and 20 sodas

☐ Owners' Suite - \$500.00/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 2021 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.