



2022-23 SEASON TICKET REGISTRATION FORM

FULL SEASON

- ☐ \$1,000 - BLACK & BLUE Diamond
- ☐ \$639 - Crown Royal Club Row
- ☐ \$529 - On the Glass
- ☐ \$429 - Black Zone & ADA Plat 2
- ☐ \$369 - Blue Zone & ADA Plats 1 & 3
- ☐ \$329 - Yellow Zone
- ☐ \$329 - Family Zone (No alcohol permitted)
- ☐ \$249 - College Student
- ☐ \$249 - Student
- ☐ \$199 - Kids Club

Optional Add-Ons

- ☐ \$450 - All You Can Eat & Drink
- ☐ \$100 - Parking Pass
- ☐ Military Discount - 10% off ticket price
(Must provide copy of military ID. One discount per ID)



SEATING CHART INFORMATION					
BLUE ZONE	ICE GARDEN	LUXURY SUITES	THE LOFT	LOGE BOXES	A1-A3 ACCESSIBLE SEATING
BLACK ZONE	ON THE GLASS	THE LOFT	LOGE BOXES	A1-A3 ACCESSIBLE SEATING	
YELLOW ZONE	DIAMOND SEATS	THE LOFT	LOGE BOXES	A1-A3 ACCESSIBLE SEATING	
FAMILY ZONE	CLUB ROW	THE LOFT	LOGE BOXES	A1-A3 ACCESSIBLE SEATING	

SEASON TICKETS ARE NON-REFUNDABLE

Season tickets paid in full immediately will receive a 5% discount on entire order

Season tickets must be paid in full by February 5th, 2023
Purchasers will be contacted to confirm seat location

REGISTRATION INFORMATION

SEAT LOCATION: Section _____ Row _____ Seat(s) _____ Qty _____ @ \$ _____ = \$ _____

Section _____ Row _____ Seat(s) _____ Qty _____ @ \$ _____ = \$ _____

Section _____ Row _____ Seat(s) _____ Qty _____ @ \$ _____ = \$ _____

Total = \$ _____

COMPANY: _____ NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

AMOUNT ENCLOSED: FULL _____ DEPOSIT _____ (min. \$50/seat)

All deposits will be charged on April 1st, 2022. Any deposit after April 1st, 2022, will be charged within 3-5 business days

PAYMENT INFORMATION

☐ **THREE MONTH INSTALLMENT PLAN** Payments on July 5th, August 5th, and September 5th, 2022 (Not available after December 5th)

Total amount after deposit: _____ /3 = Monthly Payments of \$ _____

☐ **EIGHT MONTH INSTALLMENT PLAN** Payments each month July 5th, 2022 - February 5th, 2023 (Not available after July 5th)

Total amount after deposit: _____ /8 = Monthly Payments of \$ _____

☐ **PAYMENT IN FULL**

PAYMENT METHOD: ☐ CARD ☐ CASH

CREDIT CARD #: _____

EXPIRATION DATE: _____ CVV CODE: _____ ZIPCODE: _____

I hereby authorize the Fargo Force Hockey Club to charge my credit card on the schedule above

SIGNATURE: _____ DATE: _____