



2009-10 PORTER BASKETBALL SEASON TICKET APPLICATION



NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE () _____

QUANTITY

_____	ADULT GOLD RESERVED TICKET(S)	\$25.00 each	\$ _____
_____	CHILD/STUDENT GOLD TICKET(S)	\$10.00 each	\$ _____
_____	SENIOR GOLD TICKET (60 YRS. +)	\$0	\$ ___ 0 ___
_____	TOTAL NUMBER OF TICKETS		\$ _____

COMMENTS/REQUESTS: _____

Please check the appropriate box.

- I will pick up my tickets at *maroon/white night*. (November 17)
- Please mail my tickets.

Thank you for your support of the Porter basketball program!

