

“KETTERING COLLEGE GRADUATE” ORDER FORM

How to Respond:



| | |
|--------------------|--|
| By Fax: | (937) 228-2284 |
| By Website: | www.daytondragons.com/kcmagraduate |
| By Mail: | Dayton Dragons Professional Baseball Team Fifth Third Field P.O. Box 2107 Dayton, OH 45401-2107 |

| <u>Game Date</u> | <u>VIP Date</u> | <u># of Tickets</u> | <u>Cost/Ticket</u> | <u>Total Cost</u> |
|------------------|-----------------------------|---------------------|--------------------|-------------------|
| May 5, 2008 | Special KCMA Graduate Night | 2 | Complimentary | \$ 0.00 |
| May 5, 2008 | Additional Tickets Ordered | | \$ 10.00 | \$ |
| | | | Shipping | \$ <u>0.00</u> |
| | | | Total | \$ |

**All tickets are Stadium Seating.*

Account Name & Delivery Information:

Name: _____

Address: _____

(Please list physical address; no P.O. Boxes)

City, State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax Number: _____ E-mail address: _____

Is delivery address above your work address _____ or home address _____? (check one)

Would you like to be added to the Dragons Season Ticket Wait List? _____ Yes _____ No (check one)

If you want to purchase additional tickets for this special game night, please fill out the information below or make payment accordingly.

Payment Information:

Make all checks payable to: “Dayton Professional Baseball”
VISA MasterCard American Express Discover

Card No.: _____ Exp. Date: _____

Signature: _____

(KCMA GRADUATE EVENT)