

CHICAGO WOLVES HUNGRY FOR MORE




AMERICAN HEART ASSOCIATION NIGHT



SHAPE America and the American Heart Association collaborate on the Jump Rope For Heart and Hoops For Heart programs.

SATURDAY, APRIL 8, AT 7 PM VS IOWA WILD CONGRATULATIONS TO YOUR SCHOOL! BOOKING FORM

Thank you for being a part of The American Heart Association's fundraising efforts! The Chicago Wolves are pleased to offer you a discounted ticket offer to AHA Night. If you would like to receive your tickets or purchase additional tickets, please fill out the form below and return it to the Chicago Wolves by March 24. **ORDER NOW!**

HOW TO ORDER

All orders must be received on one form, or multiple orders sent in one envelope, in order to be seated together. Tickets will be sold on a first-come, first-served basis and are subject to availability.

BY MAIL:

CHICAGO WOLVES
ATTN: HOLLY SIMMS
2301 RAVINE WAY, GLENVIEW, IL 60025
BY PHONE: (847) 832-1944

BY FAX: (847) 724-1652, ATTN: HOLLY SIMMS

ONLINE: WWW.TICKETMASTER.COM/CHICAGOWOLVES

SELECT: APRIL 8 GAME, ENTER PROMO CODE: HEART

All payments must be received by noon on March 24. Tickets are subject to availability and all sales are final. This flyer cannot be used in conjunction with any other ticket offer. Tickets will be mailed to the address the customer provides on the order form. Orders received with seven (7) days of the game will be held at Will Call starting one hour prior to game time. Start times are subject to change. Tickets will be processed within thirty (30) days of the game selected. NO REFUNDS OR EXCHANGES.

PLEASE MAKE ALL CHECKS PAYABLE TO: CHICAGO WOLVES

> NUMBER OF TICKETS	
# ____ of tickets @ \$35.00 each (rows 2-7, off the glass seating)	
# ____ of tickets @ \$25.00 each (lower level, center ice seating)	
# ____ of tickets @ \$18.00 each (side/corner/end seating)	
Subtotal	\$
+ Service Fee (only if purchasing tickets)	\$5.00
Total Enclosed	\$
> PERSONAL DETAILS	
Child's Name: _____	
Parent's Name: _____	
School Name: _____	
Home Address: _____	
City, State, Zip: _____	
Phone: _____	
Email: _____	
> PAYMENT DETAILS	
AMEX / DISC / MC / VISA #:	
Billing Address: _____	
Expiration Date: _____	Sec. Code: _____
Student Fundraising Total: _____	

**CONTACT HOLLY SIMMS
FOR MORE INFORMATION:
CALL: (847) 832-1944
EMAIL: HSIMMS@CHICAGOWOLVES.COM**