



# 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 TOP FUNDRAISERS! BOOKING FORM

Thank you for being a part of The American Heart Association's fundraising efforts as a top fundraiser! The Chicago Wolves are pleased to offer you two (2) complimentary tickets 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

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

<b>&gt; NUMBER OF TICKETS</b>	
<input type="checkbox"/> YES! I would like to receive my two (2) complimentary tickets	
<input type="checkbox"/> I would like to purchase additional tickets	
# ____ of tickets @ \$18.00 each (side/corner/end seating)	
Subtotal	\$
+ Service Fee (only if purchasing tickets)	\$5.00
Total Enclosed	\$
<b>&gt; PERSONAL DETAILS</b>	
Child's Name:	_____
Parent's Name:	_____
School Name:	_____
Home Address:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____
<b>&gt; PAYMENT DETAILS</b>	
AMEX / DISC / MC / VISA #:	_____
Billing Address:	_____
Expiration Date:	_____
Student Fundraising Total:	_____
Sec. Code:	_____

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