



**2019 ORU BASEBALL SEASON TICKET ORDER FORM**

NAME		COMPANY		ACCOUNT #	
ADDRESS			CITY	STATE	ZIP
E-MAIL					
PH	PHONE 2		PHONE 3		

PLEASE HELP US SERVE YOU BETTER BY MAKING CORRECTIONS TO THE ABOVE INFORMATION IF NECESSARY.

**TYPE OF ACCOUNT:**  
 SEASON TICKET RENEWAL  
 NEW SEASON TICKET HOLDER

**CONFIRM SEAT LOCATION:**  
 RENEW LAST SEASON LOCATION  
 SEC/BOX: \_\_\_\_\_ ROW: \_\_\_\_ SEAT(S): \_\_\_\_\_  
 SEC/BOX: \_\_\_\_\_ ROW: \_\_\_\_ SEAT(S): \_\_\_\_\_  
 SEC/BOX: \_\_\_\_\_ ROW: \_\_\_\_ SEAT(S): \_\_\_\_\_

NEED LIMITED MOBILITY/HANDICAP  
 CHANGE LOCATION AND/OR ADD SEATS

**DESCRIBE YOUR SEATING NEEDS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RENEW BASEBALL SEASON TICKETS**

SEATING OPTIONS	Quantity	Price	Total
14-Seat Box (14 Season Tickets)	_____	\$1000	\$ _____
8-Seat Box (8 Season Tickets)	_____	\$800	\$ _____
4-Seat Box (4 Season Tickets)	_____	\$400	\$ _____
1-Seat Box (1 Season Ticket)	_____	\$100	\$ _____
Reserved Season Ticket	_____	\$75	\$ _____

**BASEBALL SEASON TICKET TOTAL:** \$ \_\_\_\_\_

Mabee Center Service Charge (Renewals & New Orders) + \$15

**TOTAL FOR RENEWED SEASON TICKET(S):** \$ \_\_\_\_\_

**NEW BASEBALL SEASON TICKETS**

SEATING OPTIONS	Quantity	Price	Total
14-Seat Box (14 Season Tickets)	_____	\$1000	\$ _____
8-Seat Box (8 Season Tickets)	_____	\$700	\$ _____
4-Seat Box (4 Season Tickets)	_____	\$400	\$ _____
Single Box Seat	_____	\$100	\$ _____
Reserved Season Ticket	_____	\$75	\$ _____

**BASEBALL SEASON TICKET TOTAL:** \$ \_\_\_\_\_

**TOTAL FOR NEW SEASON TICKET(S):** \$ \_\_\_\_\_

**GRAND TOTAL FOR SEASON TICKET(S):** \$ \_\_\_\_\_

Please Return Form to:  
 Mabee Center Ticket Office  
 7777 South Lewis Avenue  
 Tulsa, OK 74171  
 (918) 495-6000

To Renew Orders Or Change Seat  
 Locations By Phone Please Call  
 (918) 495-70RU

Season Ticket  
 Renewal Deadline:  
 January 30th 2019

**PAYMENT INFORMATION**

- Check (payable to Mabee Center Ticket Office)  
 Credit Card (VISA, MasterCard, Discover, American Express)  
 Pay in Full  Payment Plan (credit card only)

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2019 Baseball Seating Map

