



VIP TICKET OFFICE

PHONE : 415.318.7015

EMAIL : bgmfvip@slotix.com

FAX: 415.318.7001

**** LEGENDS CLUB VIP BOX PACKAGE REQUEST FORM ****

Game: *San Francisco Giants vs. Arizona Diamondbacks*
Venue: *AT&T Park* Date: *Friday, September 6 - 7:15 p.m.*

Name of person attending: _____

Quantity of Legends Club VIP Box Packages: _____ x \$250.00 Per Package
(A portion of the package is tax deductible)

CONTACT INFORMATION: (required for processing)

Daytime Telephone: _____ Fax: _____

Evening Telephone: _____ Mobile: _____

Email: _____

PAYMENT INFORMATION: Visa or MasterCard ONLY

****Charge will appear as "Bill Graham Memorial Foundation" on your credit card statement.**

Credit Card Holder's Name: _____

Credit Card Number: _____ Exp: _____

Billing Address: _____

Credit Card Holder's Phone Number: _____

I hereby authorize my credit card to be charged and I agree to the following terms and conditions:

Signature of Cardholder: _____
(Required for processing)

TERMS AND CONDITIONS:

- Incomplete order forms will not be processed. Cardholder's signature must be included
- Your order will be confirmed by email once your credit card has been processed
- Once confirmed and processed, no cancellations, exchanges or refunds will be accepted
- Processed ticket orders that are not picked up are non-refundable