2024-2025 HERSHEY BEARS®

# **SEASON TICKET ORDER FORM** HALF SEASON PLAN (18 GAMES)



# **CONTACT INFORMATION**

Name		
Street Address		
City, State, Zip		
Phone		
Email Address		

ZONE	PRICE (Per Seat)	QUANTITY
100 Level - Row A	Full Season Exclusive	NA
100 Level - Center Ice	Full Season Exclusive	NA
100 Level - Attack Zone	\$450 <u>\$468</u> (\$434.70+\$15.30 Amusement Tax)	
100 Level - Defend Zone	\$360 <del>\$378</del> (\$344.70+\$15.30 Amusement Tax)	
200 Level - Row A & Center Ice	\$324 <del>\$342</del> (\$308.70+\$15.30 Amusement Tax)	
200 Level - Attack & Defend Zone	\$261 <u>\$288</u> (\$245.70+\$15.30 Amusement Tax)	

<sup>\*</sup> Prici

DIS	SCOUNTED PARKING (Optional)	
cing valid througl	h 5/31/2024	203 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 210 204 205 206 207 208 209 210
0 Level - Attack & Defend Zone	<b>\$261</b> (\$245.70+\$15.30 Amusement Tax)	202 17 103 104 105 106 107 108 109 110 111
0 Level - Row A & Center Ice	\$324 (\$308.70+\$15.30 Amusement Tax)	201 101 113
Level - Defend Zone	\$360 <del>\$378</del> (\$344.70+\$15.30 Amusement Tax)	226 21 126 🛣 114
Level - Attack Zone	<b>\$450</b> (\$434.70+\$15.30 Amusement Tax)	23 125 115

## 18 Game Parking \$162

### MONTHLY PAYMENT PLAN (Enroll by August 2024)

Number of Seats \_\_\_\_\_x \$100 non-refundable deposit = \$ \_

- Deposit Due at Time of Seat Selection
- Valid Credit/Debit Card Required
- Payments Processed Last Monday of Each Month Through September

#### **PAY IN FULL**

Number of Seatsx Seat Price \$	= \$
Number of Consul Building Brosse	_ &
Number of General Parking Passes x \$162	= φ
Total	= \$

I WOULD LIKE TO	REQUEST THE	<b>FOLLOWING</b>
SEATS. IF POSSIBL	E:	

Section	Row	Seat(s)
CREDIT CARD		
CC#		
Expiration Date _		
Signature		
Credit Card over the phone		
CHECK (Only availa	ıble if paying in full)	

Hershey Bears® Season Ticket Office • 550 W. Hersheypark Drive, P.O. Box 860, Hershey, PA 17033 Phone: 717-520-5796 · Fax: 717-508-1575