

2021-2022 NEW SEASON TICKET HOLDER



CONTACT INFORMATION

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____

BEST TIME TO CALL _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

SEATING OPTIONS

New Season Ticket Holders will receive seat confirmation after the renewal process is complete. Please indicate number of seats next to the desired Season Ticket Plan.

100 LEVEL

___ Full Season (38 Games) Row A	\$875.00 (\$842.70 + \$32.30 Amusement Tax)
___ Full Season (38 Games) Center Ice	\$725.00 (\$692.70 + \$32.30 Amusement Tax)
___ Full Season (38 Games) Attack Zone	\$715.00 (\$682.70 + \$32.30 Amusement Tax)
___ Full Season (38 Games) Defend Zone	\$705.00 (\$672.70 + \$32.30 Amusement Tax)
___ Half Season (19 Games) Center Ice	\$456.00 (\$439.50 + \$16.15 Amusement Tax)
___ Half Season (19 Games) Attack Zone	\$451.25 (\$435.10 + \$16.15 Amusement Tax)
___ Half Season (19 Games) Defend	\$446.50 (\$430.35 + \$16.15 Amusement Tax)
___ 12 Game Plan - Center Ice	\$324.00 (\$313.80 + \$10.20 Amusement Tax)
___ 12 Game Plan - Attack Zone	\$321.00 (\$310.80 + \$10.20 Amusement Tax)
___ 12 Game Plan - Defend Zone	\$318.00 (\$307.80 + \$10.20 Amusement Tax)
___ Flex-10 Plan	\$280.00 (\$271.50 + \$8.50 Amusement Tax)

200 LEVEL

___ Full Season (38 Games)	\$575.00 (\$542.70 + \$32.30 Amusement Tax)
___ Half Season (19 Games)	\$337.25 (\$321.10 + \$16.15 Amusement Tax)
___ 12 Game Plan	\$240.00 (\$229.80 + \$10.20 Amusement Tax)
___ Flex-10 Plan	\$215.00 (\$206.50 + \$8.50 Amusement Tax)

I would like to request the following seats, if possible:

FIRST CHOICE	Section _____
	Row _____
	Seat(s) _____
SECOND CHOICE	Section _____
	Row _____
	Seat(s) _____

PARKING OPTIONS



- Full Season Preferred Parking**
___ FULL (38 Games) \$304
- Full Season Regular Parking**
___ FULL (38 Games) FREE
- Pre-Paid Discounted Parking**
___ HALF (19 Games) \$95
- Pre-Paid Discounted Parking**
___ 12 GAME PLAN \$102

NON-REFUNDABLE DEPOSIT PAYMENT OPTIONS

Cash Check # _____ Credit Card

(Payable to Hershey Bears)

Pay By Phone

CC # _____

EXPIRATION DATE _____

SIGNATURE _____

Total number of seats _____ x 100 non-refundable deposit = \$ _____

Or, if paying more than the deposit at this time: Total number of seats _____ x \$ _____ = \$ _____

All order forms will be dated when received and filled in that order. The Hershey Bears® Hockey Club thanks you for choosing to be part of our team!

Hershey Bears Season Ticket Office • 550 W. Hersheypark Drive, P.O. Box 860, Hershey, PA 17033
Phone: 717-508-BEAR (2327) • Fax: 717-508-1575