

KIWANIS NIGHT SUNDAY, APRIL 9, 4 P.M.

S. ROCKFORD ICEHOGS





KIWANIS INTERNATIONAL CREATED THE ELIMINATE PROJECT, WHICH COMBATS NEONATAL TETANUS - A DEADLY DISEASE THAT CLAIMS THE LIFE OF 34,000 BABIES ANNUALLY.

EVERY TICKET SOLD WILL CONTRIBUTE TOWARD THE ELIMINATE PROJECT.

CONTACT TONY TRIPP AT ATRIPP12740@ATT.NET FOR MORE DETAILS.

BOOKING FORM:

NUMBER OF TICKETS ____ of tickets @ \$40.00 each (rows 2-7, off the glass seating) \$ of tickets @ \$30.00 each (lower level, center ice seating) \$ \$ # of tickets @ \$23.00 each (side/corner/end seating) Subtotal + Service Fee | \$5.00 Total Enclosed | \$ PERSONAL DETAILS Name: Address: City, State, Zip: Phone: Email: **PAYMENT DETAILS** Check number: AMEX / DISC / MC / VISA #: **Expiration Date:** Security Code:

FREE WOLVES HAT WITH EVERY TICKET PURCHASED

THROUGH THIS OFFER

WAYS TO ORDER:

TICKETMASTER:

ENTER PROMO CODE "KIWANIS" IN ALL CAPS WHEN SELECTING YOUR SEATS TO CONTRIBUTE TO THE **ELIMINATE PROJECT**

MAIL:

CHICAGO WOLVES

ATTN: JOHN BROOKS

2301 RAVINE WAY, GLENVIEW, IL 60025

PHONE: (847) 832-1942 FAX: (847) 724-1652

All payments must be received by April 5, 2017. 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 30 days of the game selected. In order to sit in together in the same section, all orders must be submitted together. NO REFUNDS OR EXCHANGES.

PLEASE MAKE ALL CHECKS PAYABLE TO: **CHICAGO WOLVES**

FOR MORE INFORMATION:

CALL: JOHN BROOKS (847) 832-1942

EMAIL: JBROOKS@CHICAGOWOLVES.COM