

## **SIGN-UP SHEET – RED SOX TICKET OPPORTUNITY, 2010**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**HOME E-MAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**CHAPTER NUMBER:** \_\_\_\_\_ **ARE YOU AN S. E. A. MEMBER? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **WORK E-MAIL:** \_\_\_\_\_

**PLEASE READ:** This opportunity is a member benefit, thus purchases will be limited to union members and their guests **ONLY**. In anticipation of heavy demand, members will be limited to **attending only one (1) game** and will be allowed to purchase **no more than four (4) tickets** for that game. [These limits have been established to allow us to accommodate as many members as possible (we have only 162 tickets available)]

Registrations will be accepted through March 31st. If ticket requests for any game exceed the available supply as of that date, then registrations for that game will close and a lottery of all registrations received will be conducted. If ticket requests do not equal supply, then those who have submitted requests as of that date will be allowed to purchase tickets and remaining tickets will be made available to members on a first-come, first-served basis.

ALL requested contact information is required to complete registration, as circumstances may develop that require we contact you with immediacy. **Failure to provide the requested information may result in cancellation of your ticket request**, so please provide all of the requested telephone numbers and email addresses.

Pre-payment of all ticket orders is required to complete registration. **Failure to provide pre-payment will result in denial of your ticket request**. Pre-payment in the form of a personal check is due with your form. Checks must be made **payable to the SEA** and should be submitted to the attention of Tina McKnight at the SEA Office. Checks will be cashed immediately. In the event of a lottery, SEA will return the amount of your check as soon as possible.

**COST:** \$77.00 pp (incl. bus and game ticket). Cost will not be reduced if member provides own travel to Boston.

**PLEASE INDICATE YOUR GAME PREFERENCE BY DESIGNATING GAMES WITH A 1, 2 OR 3, WHERE “1” IS YOUR TOP CHOICE AND A “3” IS YOUR THIRD CHOICE. NOT ALL GAMES NEED BE DESIGNATED. REMEMBER, YOU MAY PURCHASE TICKETS TO ONLY ONE GAME. BELOW PREFERENCE, PLEASE INDICATE THE NUMBER OF TICKETS YOU DESIRE FOR EACH GAME (NO MORE THAN FOUR).**

**SAT, APRIL 24 (ORIOLES):** \_\_\_\_\_ **SUN, MAY 30 (ROYALS):** \_\_\_\_\_ **WED, AUG 18 (ANGELS):** \_\_\_\_\_

**# OF TIX FOR 4/24:** \_\_\_\_\_ **# OF TIX FOR 5/30:** \_\_\_\_\_ **# OF TIX FOR 8/18:** \_\_\_\_\_