



2011-2012 Season

Sens 65 Roses Mini Game Pak

Can't commit to a ¼ season package...but want to see the Sens in action vs. your favorite teams at Scotiabank Place for a few select games at group discounted prices? Then look into our Sens 65 Roses Mini Game Pak option. Select a minimum of 4 games in any one of our ¼ season package options.

OTTAWA SENATORS
65 Roses
 CYSTIC FIBROSIS
 SPORTS CLUB

Name: _____
 Organization: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 E-mail: _____

CREDIT CARD PURCHASE

Senators 65 Roses Mini Game Pak Selection								
Game Date	Opponent	# Seats	Section	Single Game Ticket Price	Mini Pak Discount (gold, silver, bronze)	Parking Pass	Total	
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
						<input type="checkbox"/> \$10 <input type="checkbox"/> \$15		
*All pricing is inclusive of taxes and service fees.							Total Charge	
Method of Payment								
Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque								
Card Number:				Expiry date (mm/yy): /				
Name as it appears on card: _____								
Preferred Payment Plan (check one)								
<input type="checkbox"/> Paid in full.								
<input type="checkbox"/> Split into two equal monthly payments.								

Fax your completed form to: 613-271-0591
 Cystic Fibrosis Canada – Ottawa Chapter

Or if paying by cheque mail to:
 36 Collingwood Cr., Kanata, Ontario, K2K 2G7.
 All cheques are to be made payable to
 Cystic Fibrosis Canada.

For more information call Nadine Redman at 613-271-2744
 or e-mail at nimbleau@rogers.com

www.senators65roses.com

Office Use Only Received

- DB updated
- SS updated
- Treasurer
- CCFF processing

Date: ____/____/____ (DD/MM/YY)