2017-18 Sea Dogs Season Tickets

Visit the Harbour Station Box Office to order your 2017-18 Sea Dogs Season Seats!

2017-18 Season Ticket Prices (please circle Existing or New)

	Existing Season Ticket Holder	New Season Ticket Holder	16-Game Playoff Package
Adult Zone A	$525	$550	$280
Adult Zone B	$500	$525	$260
Adult Zone C	$450	$475	$240
Senior Zone A	$475	$500	$260
Senior Zone B	$450	$475	$240
Senior Zone C	$425	$450	$220
Student (13-18)	$340	$340	$160
Kids Pass (5-12)	$35	$35	$128
Child (0-4)	Free	Free	--

*All Prices Include HST
**Valid Student ID will be accepted for Mature Students
***Zone D not available for Season Tickets
****8 Game Playoff Package Not Available for Bundle
***** Flex 34 Buyer is considered a RENEWAL

2017-18 Season Ticket Order Form

****Preferred Method of Communication is email done on a weekly basis**

1) Name/Company (if applicable):_____

2) Mailing Address:_____

_____

3) Email: _____ **4) Phone:**_____

5) Seat Location:
- ☐ Zone A
- ☐ Zone B
- ☐ Zone C

6) Number of Tickets:
- ☐ Adult_____
- ☐ Senior_____
- ☐ Student _____
- ☐ Kids Pass_____

7) Playoff Bundle Add-On Option:
- ☐ See different Amounts above

8) Neulion Road Games (CHECK OFF ONLY)
- ☐ $45 HST included (Pay later)

9) Select Your Seat Location: Section _____ Row_____ Seat(s) _____

For Box Office Use Only

9) Payment Option: ☐ Pay In Full ☐ 50-50 Payment ☐ Monthly Payment Plan (Debit or Credit Card)

10) Methods of Payment (please circle) ***CASH*** ***DEBIT*** ***VISA*** ***MASTERCARD*** ***AMEX*** ***CHEQUE****
**Cheques to be made out to Harbour Station*

Credit Card Number: _____

Expiry: _____ CVV#:_____

11) Total Price of Season Tickets: _____ + **Price of Add-On (Playoffs):** _____

- Playoff Credit/Deposit:_____

= Balance Owing: _____ **Amount Paid:** _____

Email: BenZ@SJSeaDogs.com - Phone: (506) 636-0805 - Fax: 506-696-0611

SAINT JOHN
SEA DOGS

Express 2017-2018 Payment Plan Application Form – Credit Card

Name: _____

Address: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

Card Number: _____ **EXP:**_____

***Please read and initial each statement.**

I understand that my payments will come out on the dates outlined below. _____
I understand that I will have to pay a one-time administration fee of $20. _____
I understand that a fee of $25 applies to all returned payments: _____
I understand that a fee of $50 is charged if I withdraw from the payment plan: _____

Office Use Only:

START DATE: _____ **END DATE:** _____

Payment Calculator
Total Cost of Seats: _____

+ Admin Fee: **$20**

- Playoff Credit: _____

- Deposit of 50$ per seat:_____ **= Balance Owing:** _____

Withdrawal Dates **Payment per withdrawal:** _____

Date 1: _____ **Date 5:** _____ **Date 9:** _____ **Date 13:** _____

Date 2: _____ **Date 6:** _____ **Date 10:** _____ **Date 14:** _____

Date 3: _____ **Date 7:** _____ **Date 11:** _____ **Date 15:** _____

Date 4: _____ **Date 8:** _____ **Date 12:** _____ **Date 16:** _____

I authorize the Saint John Sea Dogs to charge my credit card in accordance with the Payment Plan,

Customer Signature: _____Date:_____

Sea Dogs Staff: _____ Date: _____

SAINT JOHN
SEA DOGS

2017 - 2018 Payment Plan Application Form – Bank Withdrawal

Name: _____

Address: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

***Please read and initial each statement.**

I understand that my payments will come out on the 1st & 15th of every month. _____
I understand that I will have to pay a one-time administration fee of $20. _____
I understand that a fee of $25 applies to all returned payments: _____
I understand that a fee of $50 is charged if I withdraw from the payment plan: _____

Office Use Only:

START DATE: _____ **END DATE:** _____

Payment Calculator
Total Cost of Seats: _____

+ Admin Fee: ___**$20**_____

- Playoff Credit: _____

- Deposit of 50$ per seat:_____ **= Balance Owing:** _____

Number of withdrawals _____ **= Payment per withdrawal:** _____

Government ID – Type and Number: _____

**Attach a Void Cheque or Preauthorized Debit Form

I authorize the Saint John Sea Dogs to withdraw money from my account in accordance with the Payment Plan, and to recover all returned payments and NSF fees as required:

Customer Signature: _____Date:_____

Sea Dogs Staff: _____ Date: _____