



FAMILY NIGHT

WITH THE WOLVES

**SERIOUS HOCKEY.
SERIOUS FUN.**



2008-09 REGULAR SEASON

→ Visit chicagowolves.com for more TICKET INFO.



COME EARLY FOR PRE-GAME FIREWORKS & LASER SHOW

**FRI., MARCH 13, 2009 | 7:30 P.M.
VS. IOWA CHOPS**

CHOOSE FROM THREE GREAT PACKAGES

PACKAGE A

\$19 (Day-of-Game ticket price) Ticket
Chicago Wolves Baseball Hat
Hot Dog
Medium Soft Drink
Chicago Wolves Puck

VALUE: \$45
\$28



PACKAGE B

\$19 (Day-of-Game ticket price) Ticket
Chicago Wolves Puck

VALUE: \$25
\$19



PACKAGE C

Just want the ticket?
\$19 (Day-of-Game ticket price) Ticket

VALUE: \$19
\$17

* Create your own custom package using any of the options shown here

HOW TO ORDER

BY MAIL: Complete the order form and return with payment to:
Chicago Wolves Attn: DISTRICT 15
c/o Julie Seyller, 2301 Ravine Way, Glenview, IL 60025
BY PHONE: Julie Seyller: 847-832-1941
BY FAX: (847) 724-1652, Attn: DISTRICT 15
c/o Julie Seyller

PAYMENT INFORMATION

All payments must be received by **Thr., Mar. 12th, 2009**. Tickets are subject to availability and all sales are final. **Order Now!** This flyer represents a special group ticket offer that cannot be used in conjunction with any other group offers. Tickets will be mailed to the address listed on the form. However, orders received within seven (7) days of the game will be held at Will Call 60 minutes prior to game. Schedule dates and start times are subject to change. Promotions and giveaway items are subject to change or cancellation.

PLEASE MAKE ALL CHECKS PAYABLE TO: CHICAGO WOLVES

1 800 THE WOLVES

A portion of each package sold will be donated to District Fifteen Educational Foundation!

CALL JULIE SEYLLER FOR MORE INFORMATION: 847 832 1941 • JNSEYLLER@CHICAGOWOLVES.COM

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone (H): _____ (W): _____

AMX/VS/MC/DSC NO.: _____

Card Exp.: _____ 3-Digit Sec Code: _____

Exact Billing Address: _____

Signature: _____

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_____ Package A at \$28 = \$ _____

_____ Package B at \$19 = \$ _____

_____ Package C at \$17 = \$ _____

(G#4) APDN

_____ Total No. of Packages

Total Enclosed
\$

Acct. #
31-10143

