

# Chilliwack Chiefs

## 2023-24 Group Ticket Form



Organization's Name: \_\_\_\_\_

\_\_\_\_\_  
Organization's Contact's Full Name

\_\_\_\_\_  
Game of Choice

\_\_\_\_\_  
Group Contact's Phone #

\_\_\_\_\_  
Number of Group Tickets Needed  
(\$10/ticket)

\_\_\_\_\_  
Group Contact's Email

\_\_\_\_\_  
Preferred Payment Method

\_\_\_\_\_  
Credit Card Number – Expiry Date – CVV (IF APPLICABLE)

**Total: \$**\_\_\_\_\_