



Saint Luke's Credit Union Member Appreciation Day at Arrowhead CHIEFS vs. N.Y. Giants

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

Date of Purchase: _____

TEAM	DAY	DATE	TIME	# Tickets Requested	Total
New York Giants	Sunday	Oct. 4 th	12:00 PM	_____ @ \$39 each =	_____
				_____ @ \$54 each =	_____
\$39 = Red View (UL End Zone)					
\$54 = Red Reserve (UL Sideline)					
				Handing Charge	\$5
AMOUNT DUE:					_____

METHOD OF PAYMENT

MasterCard Visa Discover American Express Check

CC Number _____ Exp. Date _____

Check Number (payable to KC Chiefs) _____

Signature _____

Mail to: Kansas City Chiefs
B.J. Supple
One Arrowhead Drive
Kansas City, MO 64129

Fax: (816) 920-4774
Phone: (816) 920-4817
Email to: bsupple@chiefs.nfl.com

OFFICE USE ONLY

Group # _____

Seating Location: ____ / ____ / ____

Referral for 09/seasons: _____

