

SYRACUSE BASKETBALL 2007-2008 GROUP SALES FORM

Company/Group Name: CSEA Date: ____/____/____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: D: _____ E: _____

Fax: _____ E-mail: _____ Date Received ____/____/____

Payment Method - Please circle : cash Visa MC AMEX DISC (NO PERSONAL CHECKS)

Account # : _____ Exp.: ____/____/____

TO PLACE ORDER:

Bob Gibbons- Group Sales Manager
Carrier Dome
900 Irving Avenue
Syracuse, NY 13244

Phone: 315-443-3212
Fax: 315-443-3947
Email: grpsales@syr.edu

All Group Rate Seating for 3rd Level

GAMES	# OF ADULT TICKETS (\$14/ticket)	# OF YOUTH TICKETS (\$6/ticket)	TOTAL # OF TICKETS	TOTAL \$
FORDHAM				
UMASS				
TULANE				
RHODE ISLAND				
EAST TENN. ST.				
COLGATE				
CORNELL				
NORTHEASTERN				

GAMES	# OF ADULT TICKETS (\$23/ticket)	# OF YOUTH TICKETS (\$10/ticket)	TOTAL # OF TICKETS	TOTAL \$
ST. JOHNS				
SOUTH FLORIDA				
MARQUETTE				
RUTGERS				
PROVIDENCE				

GAMES	# OF ADULT TICKETS (\$31/ticket)	# OF YOUTH TICKETS (\$16/ticket)	TOTAL # OF TICKETS	TOTAL \$
VILLANOVA				
CONNECTICUT				
GEORGETOWN				
PITTSBURGH				