

**To order tickets by mail PRINT AND COMPLETE THIS FORM, enclose a check made payable to
Lyme Action Network, and mail to:**

Lyme Action Network -- LAN Hockey
PO Box 2412
Glens Falls, NY 12801

Name (**please print**) _____

Email Address: _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (home) _____

Phone Number (cell) _____

I am paying for the Adirondack Thunder/Norfolk Admirals tickets:

_____ by check

_____ (number of tickets) x \$15 each = \$ _____

_____ Please HOLD my tickets at the arena Will-Call window for pickup the evening of the Jan. 5th game. I understand there are no returns, refunds, or exchanges.

_____ I have enclosed a **self-addressed STAMPED** envelope with my payment. Please send me my tickets by mail. (I understand that if my order is received after December 20, 2018, or without a stamped self-addressed envelope, the tickets will be held at the arena "Will-Call" window.) I understand there are no returns, refunds, or exchanges.

Signature _____ Date _____