



CHECK REQUEST FORM FOR 2007 UNPLAYED POSTSEASON GAMES

GAME DATE = _____

**** PLEASE ALLOW 4-6 WEEKS TO RECEIVE YOUR CHECK ****

NAME (print) _____

MAIL TO:

ADDRESS _____

COLORADO ROCKIES

CITY/ST/ZIP _____

Attn: Ticket Operations

2001 BLAKE STREET

DAYTIME PHONE _____

DENVER, CO 80205

ACCT# SECTION/ROW/SEAT(S) QTY x PRICE = \$ TOTAL

● _____	_____	_____	_____	_____
● _____	_____	_____	_____	_____
● _____	_____	_____	_____	_____
● _____	_____	_____	_____	_____

TOTAL QTY#

TOTAL \$ =

[PER TICKET SERVICE CHARGES ARE REFUNDABLE]
[PER ORDER PROCESSING/HANDLING FEES ARE NOT REFUNDABLE]

TICKET OPERATIONS SECTION

REQUEST RECEIVED BY _____

DATE _____

STAPLE
TICKETS
HERE

TICKET COUNT _____

REFUND \$ _____

PROCESS DATE _____ BY _____

BATCH # _____