



ADDITIONAL TICKET PURCHASE

The Arthritis Foundation

And

The Lincoln Stars



Are partnering to bring you a great night of fun!

On Saturday, February 23rd, the Lincoln Stars hockey game at the Ice Box will wrap up a great Juvenile Arthritis Day in Lincoln! Below is some information about purchasing additional tickets to that evening's game, please complete and return to Carey Collingham with the Lincoln Arthritis Foundation office by 2/14/13 to ensure proper reservation of your tickets!

Tickets to the evening game are a FUN way to invite your friends and family to participate in this Juvenile Arthritis, Arthritis Foundation event! They are also a GREAT way to raise funds in support of your 2013 Arthritis Foundation Walk team! We have sections A and B reserved for our Juvenile Arthritis Fun Day event that evening at the hockey game. These are nice seats, which have actual seatbacks, in an easily accessible part of the arena. Specific seating will not be reserved, as we will allocate tickets that evening to each group or family attending. However, we need to know in advance how many additional people will be coming to the game to support your family! REMINDER: Families registered for the JA Fun Day will have their immediate family's tickets reserved as a part of registration for this day!

Additional tickets will cost \$16.50 per ticket (face value). Of this cost, \$8.25 will be donated by the Stars hockey back to the Arthritis Foundation! For every additional ticket you sell or purchase, we will apply that \$8.25 towards your 2013 Arthritis Walk team fundraising! For this reason, it is again important we know in advance how many additional seats are needed! Please return this as soon as you're able to so that we can ensure your group will be seated together in our reserved area!

Number of additional tickets needed for friends and family: _____

Total Cost: (\$16.50 x number of additional tickets) _____

Please enclose a check or money order and return to the contact information provided by 2/14/13 at the latest. Otherwise, please complete the information below to pay with a credit card. The Arthritis Foundation will issue a receipt for payment, along with a confirmation of your ticket reservations!

*Name: _____

*Full Address: _____

Name of Arthritis Walk Team captain to credit: _____

Phone: _____

E-mail: _____

*Card Type: Visa MasterCard Discover AMEX *Please Circle*

*CC Number: _____

*Exp. Date: _____

(MM/YY)

CW2/CVC2: _____

Please return completed forms to Carey Collingham at ccollingham@arthritis.org or mail to Carey Collingham, Arthritis Foundation, 215 Centennial Mall South, Ste. 514 Lincoln NE 68508 Forms must be returned by Thursday, Feb. 14th to ensure additional tickets are reserved.