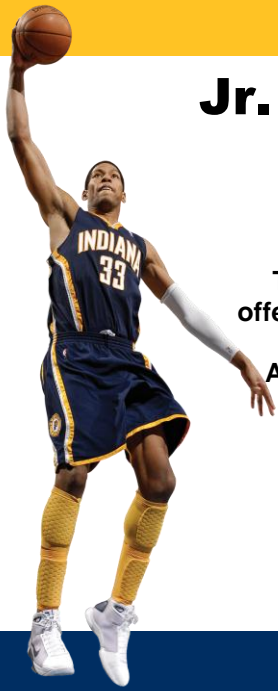




Jr. PACERS CERTIFICATE OF PARTICIPATION

Congratulations on participating in the Carmel Dads Club Basketball League

The Indiana Pacers and the Carmel Dads Club Basketball League would like to reward you by offering you a discounted ticket to an Indiana Pacers home game! This night will be a great way to celebrate with friends and family while enjoying a fun-filled evening!
 After the Game you will get to hear from a Pacers Player and shoot a Free-Throw on the Court!
 You can come down between Sections 15-17 following the Pacers Game!



Danny Granger, Indiana Pacers

PASSION PRIDE PACERS

Jr. PACERS REWARD TICKET FORM IMPORTANT! PLEASE READ CAREFULLY

Orders will be assigned seat locations on a first-come, first-served basis and are subject to availability. All sales include a 6% Marion County Admissions Tax and are final, no refunds or exchanges. Tickets will be mailed to the address below at least seven days prior to the game. Please send all orders together if you wish to be seated together. All orders must be received two weeks before the date of the game. Questions? Please call Eric Cole at 317-917-2803

CHECK THE BOX OF THE GAME YOU WISH TO ATTEND

- Saturday, February 11th vs. Denver Nuggets, 7:00 p.m. tip-off
 Saturday, March 17th vs. New York Knicks, 7:00 p.m. tip-off (CDC Designated League Night)

CARMEL DADS CLUB BASKETBALL LEAGUE				
QUANTITY	REGULAR PRICE	YOUR PRICE	TOTAL	
Participant	Upper Balcony- \$13.78	\$5.30	\$5.30	
<i>I would like to upgrade my participant ticket:</i>				
	Lower-Balcony - \$29.68	\$11.66		
	Mid Level - \$53.00	\$34.98		
<i>I would like to purchase additional tickets:</i>				
	Upper Balcony- \$13.78	\$12.72		
	Lower Balcony- \$29.68	\$24.38		
	Mid Level- \$53.00	\$47.70		
			Total Cost →	

Fax or mail this completed form, along with payment to:
 Indiana Pacers
 ATTN: Eric Cole
 125 S. Pennsylvania Street
 Indianapolis, IN 46204
 PHONE: (317) 917-2803
 FAX: (317) 917-2899
 ecole@pacers.com

League _____ Participant's Name _____
 Parent/Guardian _____ Address _____ (Street) _____ (City/State) _____ (Zip) _____
 E-mail _____ Phone _____

INDICATE FORM OF PAYMENT

Check (Make checks payable to Indiana Pacers) Check# _____
 Credit Card Card# _____ Exp. _____ AmEx Visa M/C Discover
 Card Holder's Signature _____