



MA Youth Hockey

PLAYER CERTIFICATE

Hockey is Back! Because of your participation in Massachusetts Youth Hockey, the Boston Bruins and Massachusetts Hockey would like to kick-off this hockey season by offering you discounted tickets to selected games as part of the Bruins "Youth Hockey Nights." These nights will be a great way to celebrate with friends and family while enjoying an exciting Boston Bruins game.

YOUTH HOCKEY NIGHTS	FACE VALUE	YOUR PRICE	YOU SAVE
MA Youth Hockey Player	\$33.50	\$15.00 Includes a FREE HAT	\$18.50!!
Friends & Family	\$33.50	\$28.00	\$5.50

Orders that are mailed in the same envelope or faxed together will be sat together. For other seating options, please call **CHRIS SPANO** at **617-624-1829**.

To receive your tickets, please complete the form and send it to the Boston Bruins.

IMPORTANT! PLEASE READ CAREFULLY

Orders will be assigned seat locations on a first-come, first-served basis and are subject to availability. Questions? Please call CHRIS SPANO at 617-624-1829 or email cspano@bostonbruins.com. All sales are final, no refunds or exchanges. Tickets will be mailed to the address below at least seven days prior to the game. If your order is received less than 7 days before your selected game date your tickets can be picked up at will call by the Parent/Guardian name. Photo ID required. Please send all orders together if you want them seated together. Confirmation will be sent by email when tickets are mailed.

Youth Hockey Nights

PLAYER'S NAME: _____ TEAM NAME _____

PARENT/GUARDIAN: _____

*****Tickets will be mailed or left at will call under the Parent/Guardian name. Photo ID required for pick-up.*****

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME: () _____ E-MAIL: _____

PLEASE INDICATE YOUR SELECTIONS:

- | | |
|--|--|
| <input type="checkbox"/> Thursday, October 18 th Tampa Bay 7:00PM * Opening Night | <input type="checkbox"/> Tuesday, December 18 th Ottawa 7:00PM |
| <input type="checkbox"/> Thursday, November 1 st Buffalo 7:00PM | <input type="checkbox"/> Thursday, January 3 rd Washington 7:00PM |
| <input type="checkbox"/> Sunday, November 4 th Ottawa 7:00PM | <input type="checkbox"/> Saturday, January 5 th New Jersey 7:00PM |
| <input type="checkbox"/> Saturday, November 10 th Buffalo 7:00PM | <input type="checkbox"/> Tuesday, January 8 th Carolina 7:00PM |
| <input type="checkbox"/> Thursday, November 15 th Toronto 7:00PM | <input type="checkbox"/> Saturday, February 9 th Florida 7:00PM |
| <input type="checkbox"/> Saturday, December 15 th Columbus 7:00PM | <input type="checkbox"/> Saturday, March 1 st Atlanta 1:00PM |

CHECK# _____ (Payable to the Boston Bruins)

VISA ___ MC ___ AMEX ___ DISC ___ EXP. _____

CARD#: _____

SIGNATURE: _____

TICKETS	TOTAL
_____ Player @\$15	= _____
_____ Players Hats	= <u>FREE</u>

ADDITIONAL TICKETS
 _____ @ \$28 (Upper Bowl) = _____

TOTAL _____

FAX TO: 617-624-1859
MAIL TO: Boston Bruins
 Attn: CHRIS SPANO
 100 Legends Way
 Boston, MA 02114
cspano@bostonbruins.com