

## D.A.R.E. TICKET OFFER





NAME					first come-first serve basis tickets at the time the order is
			ZIP	cumpline last. No refund	es are limited! Offer valid while s or exchanges.
			ZIP	<ul> <li>Return this order form is</li> </ul>	via mail or fax (612-333-0458) e mailed to the address you list.
EMAIL ADDRESS					ay not be combined with other
TICKET REQUEST				GAME DATES	
FRIDAY, AUG 8 VS. RA	IDERS / 7:0	00 PM			
# OF TICKETS _	X	\$25 PER TICKET = \$			
SATURDAY, AUG 16 VS	. CARDINA	LS / 7:30 PM		FRIDAY, AUG 8	SATURDAY, AUG 16
# OF TICKETS _	X	\$25 PER TICKET = \$		VS. RAIDERS 7:00 PM	VS. CARDINALS 7:30 PM
		HANDLING_	+ \$4.00	Deadline to order is 8/1/14	Deadline to order 8/8/14
		TOTAL \$			
PAYMENT INFORM	ATION (Crea	dit card only)			
CREDIT CARD #				EXP. DATE	
	Visa	Mastercard	American Express	Discover Discover	DATE
SIGNATURE					

(Credit card orders cannot be processed without a signature.)



PLEASE RETURN THIS FORM WITH FULL PAYMENT BY FAX (612) 333-0458 OR BY MAIL TO:

**CONTACT INFORMATION (PLEASE PRINT CLEARLY)** 

## MINNESOTA VIKINGS

ATTN: FUNDRAISER 1010 7TH STREET SOUTH, SUITE 500 MINNEAPOLIS, MN 55415



