



CLEVELAND CAVALIERS BASKETBALL

Cleveland Cavaliers FCCLA Day- Friday, March 31st 2017



FCCLA Day Timeline:

3:00pm – 3:30pm: Arrival/Registration
3:30pm-5:00pm FCCLA Workshop
6pm: Gates open for Cavs game
7:30pm: Cavaliers vs. 76ers!

ALL TICKET OPTIONS INCLUDE:

CAVALIERS GAME TICKET, ENTRY TO FCCLA WORKSHOP, COMPLIMENTARY CLEVELAND MONSTERS TICKET!

Option#1: 100 Level Lower Level Sidelines for \$87/ticket

Option #2: 200 Level Loudville Curves for \$41/ticket

Option #3: 200 Level Loudville Sidelines for \$25/ticket

School/Class Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Cell Phone: _____
Email (required to receive tickets): _____
Are you arriving by bus? (circle one) YES or NO # of Buses: _____

RETURN THIS FORM TO:

1. Mail to: The Q, Attn: David Kodish,
1 Center Court, Cleveland, OH 44115
2. Fax to: 216-420-2883
3. Scan to: dkodish@cavs.com

ALL SEATS WILL BE DELIVERED VIA



Flash Seats is the primary method of delivery for seating to
Quicken Loans Arena events.

TWO PAYMENT OPTIONS:

Option 1: Full Payment

- If paying in full with check or credit card please return this form with payment.
- Payments must be received by **February 28, 2017**

Option 2: Purchase Order

- If paying via PO- please submit invoice request with a copy of this form before **February 21, 2017**
- Check must be received before **February 21, 2017**

Please send a copy of the PO to the Cleveland Cavaliers: FAX: 216-420-2329 EMAIL: dkodish@cavs.com MAIL: The Q Attn: David Kodish, 1 Center Ct., Cleveland, OH 44115

OPTION 1: FULL PAYMENT

Number of Purchased Tickets: _____ x \$87 per ticket + \$5 processing fee = \$ _____ Total

Number of Purchased Tickets: _____ x \$41 per ticket + \$5 processing fee = \$ _____ Total

Number of Purchased Tickets: _____ x \$25 per ticket + \$5 processing fee = \$ _____ Total

(one processing fee per order, not for each ticket)

Method of Payment (circle one): VISA MC Discover AMEX Check- Made out to Cleveland Cavaliers
Credit Card Payment: Card # _____ Exp. Date _____

Name on Card _____ Authorized Sig. _____

**For Questions Please Contact: David Kodish
Phone: (216) 420-2883 Email: dkodish@cavs.com**