

**MAIL COMPLETED ORDER FORM TO:**

Texas Rangers Baseball, ATTN: Catholic School Night 1000 Ballpark Way, Suite 400, Arlington, TX 76011, or  
**SCAN** and **EMAIL** to **MIKE SEGOVIANO** at **MSEGOVIANO@TEXASRANGERS.COM** or **CALL 817-273-5832.**

**PAYMENT INFORMATION**

Name (as it appears on card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Tickets:  Yes  No

Email: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: (MM/YY) \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVV: \_\_\_\_\_

**PLEASE INDICATE THE QUANTITY YOU WOULD LIKE TO PURCHASE**

**Corner Box** (Reg. \$46) \_\_\_\_\_ x \$35 = Total \$ \_\_\_\_\_

**Lower Reserved** (Reg. \$34) \_\_\_\_\_ x \$25 = Total \$ \_\_\_\_\_

**Lexus Club Terrace** (Reg. \$31) \_\_\_\_\_ x \$25 = Total \$ \_\_\_\_\_

**Upper Box** (Reg. \$24) \_\_\_\_\_ x \$15 = Total \$ \_\_\_\_\_

**Upper Reserved** (Reg. \$17) \_\_\_\_\_ x \$13 = Total \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_