

# COLEMAN VISION TENNIS CHAMPIONSHIPS

## 2010 TICKET INFORMATION AND ORDER FORM

Call 1.888.COLEMAN (1.888.265.3626) or go to [www.nmytf.com](http://www.nmytf.com) for online ticket processing

GROUP PACKAGES	Qty / Price
<b>Level One Group Package</b> • 4 General Admission All Tournament Tickets • 2 Invitations to the Tournament Kickoff Party and Sponsor/Celebrity Pro-Am	_____ \$225
<b>Level Two Group Package</b> • 2 Box Seat Tickets for entire tournament (8 days) • 2 Invitations to the Tournament Kickoff Party and Sponsor/Celebrity Pro-Am • 2 Tournament programs	_____ \$300
<b>Level Three Group Package</b> • 4 Box Seat Tickets for entire tournament (8 days) • 4 Invitations to the Tournament Kickoff Party and Sponsor/Celebrity Pro-Am • 4 Tournament programs	_____ \$500

**NOTE: FREE GENERAL ADMISSION ON SUNDAY, 9/19  
INDIVIDUAL TICKET SALES**

**ALL TOURNAMENT TICKET - Good for entire 8 day Tournament - Sun, 9/19 - Sun, 9/26**

GENERAL ADMISSION	_____ \$70
BOX SEAT	_____ \$150
VIP SEATING - LIMITED # OF SEATS AVAILABLE	_____ \$225

**SINGLE WEEKDAY TICKET - Good for any day from Sunday, 9/19 - Friday, 9/24. PLEASE INDICATE THE DAY(S) AND # OF TICKETS DESIRED FOR EACH DAY.**

GENERAL ADMISSION: SUN <u>free</u> M ___ T ___ W ___ TH ___ FRI ___	_____ \$5
BOX SEAT TICKETS: SUN ___ M ___ T ___ W ___ TH ___ FRI ___	_____ \$15
VIP SEATING - LTD # OF SEATS AVAILABLE: SUN ___ M ___ T ___ W ___ TH ___ FRI ___	_____ \$25

**FINALS WEEKEND TICKET - Good for Saturday, 9/25 & Sunday, 9/26**

GENERAL ADMISSION	_____ \$50
BOX SEAT	_____ \$75
VIP SEATING - LIMITED # OF SEATS AVAILABLE	_____ \$95

**TOURNAMENT PARTY AND SPONSOR/CELEBRITY PRO-AM TICKET - MONDAY, 9/20**

**\$20**

I do not want to purchase tickets but would like to donate to the NMYTF to help support youth tennis in New Mexico. My 2010 tax-deductible donation:

2010 Mid-School Team Sponsor	_____ \$450
2010 Elementary School "QuickStart" Sponsor	_____ \$200
Other: General Unrestricted Donation to serve the mission of supporting Youth Tennis in NM	_____ \$

Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Street, City, State & Zip \_\_\_\_\_

Method of Payment:  Check: Make payable to the New Mexico Youth Tennis Foundation OR:  VISA  MasterCard

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

Remit Payment and Order Form to:

**New Mexico Youth Tennis Foundation ~ PO Box 93605 ~ Alb, NM 87199-3605**