

ACCOUNT INFORMATION

ACCOUNT NUMBER: _____
GROUP NAME: _____
GROUP LEADER: _____
ADDRESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME PHONE #: _____
EMAIL ADDRESS: _____



2007-08 Los Angeles Lakers
Group Sales Order Form

For preferred seating, please return your order form by
September 28, 2007.

PAYMENT INFORMATION

Payment must be made in full when order is submitted
Refunds will be issued for any unavailable games

Credit Card Information: ___AMEX ___VISA ___MC
Credit Card #: _____ Exp Date: _____
Name On Card: _____
Signature: _____
Check #: _____ Name on Check: _____

UPPER LEVEL SEATING

Number of Marquee Match Up Tickets: _____
Number of REGULAR SEASON GAME Tickets: _____
Total number of Tickets: _____
X \$27 per ticket
= Total Amount Due: \$ _____

LOWER LEVEL SEATING

(MAX OF 28 SEATS PER GAME AVAILABLE)

Number of Marquee Match Up Tickets: _____
Number of REGULAR SEASON GAME Tickets: _____
Total number of Tickets: _____
X \$140 per ticket
= Total Amount Due: \$ _____

REGULAR SEASON GAMES

Please list your choices in order of preference.

- 1. Date _____ Team _____ # of tickets _____
- 2. Date _____ Team _____ # of tickets _____
- 3. Date _____ Team _____ # of tickets _____
- 4. Date _____ Team _____ # of tickets _____
- 5. Date _____ Team _____ # of tickets _____
- 6. Date _____ Team _____ # of tickets _____
- 7. Date _____ Team _____ # of tickets _____
- 8. Date _____ Team _____ # of tickets _____
- 9. Date _____ Team _____ # of tickets _____
- 10. Date _____ Team _____ # of tickets _____
- 11. Date _____ Team _____ # of tickets _____

Total number of **REGULAR SEASON GAME** Tickets _____

MARQUEE MATCH UP

Requires the purchase of an equal number of tickets (25 tickets max) for one game marked by an X on the schedule. Click here for more information.

- 1. Date _____ Team _____ # of tickets _____
- 2. Date _____ Team _____ # of tickets _____
- 3. Date _____ Team _____ # of tickets _____
- 4. Date _____ Team _____ # of tickets _____
- 5. Date _____ Team _____ # of tickets _____

Total number of **MARQUEE MATCH UP** Tickets _____

Please mail or fax your completed order form to:

Los Angeles Lakers
Attn: Group Sales Department
P.O. Box 940
El Segundo, CA 90245
Fax (310) 426-6110