

Certificate of Participation

!

(PRINT YOUR NAME)

In celebration of Catholic Schools Week, the Minnesota Timberwolves would like to invite you to be an honored guest at a Timberwolves home game. Enjoy a well-deserved evening full of fun and special recognition.



Chris Wright - Team President

IMPORTANT! PLEASE READ CAREFULLY

Orders will be assigned seat locations on a first-come, first-served basis and are subject to availability. All sales are final, no refunds or exchanges. **Tickets ordered less than 10 days prior to game will be held at Will Call under the parent/guardian name; all others will be mailed.** A photo ID is required to pick up tickets. Please send in all orders together if you want them seated together. **ONE FREE TICKET PER STUDENT. ALL FORMS MUST INCLUDE A PAYING ADULT TICKET.**

Questions? Please call Joanna Opitz at 612.673.1242 or opitz@timberwolves.com

Catholic Schools Week Nights with the Timberwolves

PARTICIPANT'S NAME: _____
 PARENT/GUARDIAN NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DAYTIME PHONE:(_____) _____ E-MAIL: _____

Circle One:



Saturday,
February 4th
@ 7:00pm
Vs. Houston



Friday,
February 10th
@ 7:00pm
Vs. Dallas



Saturday,
February 11th
@ 7:00pm
Vs. New York

All students will get to shoot a free throw on the court after the game!

CHECK #: _____ (Payable to the MN Timberwolves)

VISA MC AMEX DISC

CARD #: _____ EXP: _____

SIGNATURE: _____

MAIL TO:
MN TIMBERWOLVES
ATTN: JOANNA OPITZ
600 FIRST AVE N
MINNEAPOLIS, MN 55403

FAX TO:
612.673.1699
SS:
GA:

#258

Free Student ticket will be in same location as paid tickets. All children **must** be accompanied by a paid adult ticket.

<u>1</u> FREE Student Ticket	=	<u>FREE</u>
_____ x \$95 lower level seat	=	_____
_____ x \$50 lower level seat	=	_____
_____ x \$40 lower level seat	=	_____
_____ x \$30 upper level seat	=	_____
_____ x \$15 upper level seat	=	_____
		+ \$4 S/H

TOTAL = _____