

charles SCHWAB *field* OMAHA

Date: _____

Account Type (Check one): Corporate Individual

Contracting Party Legal Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Yearly Club Seat License Fee (Check desired Seat & Term)

	Annual Fee	Term (in years)
Beyond 1st & 3rd	\$1,695 <input type="checkbox"/>	10 <input type="checkbox"/>
Base Lines	\$1,990 <input type="checkbox"/>	7 <input type="checkbox"/>
Behind Home Plate	\$2,200 <input type="checkbox"/>	5 <input type="checkbox"/>

of Seats: _____

- All prices are on an annual basis for the length of the Agreement and subject to change prior to Club Seat License Agreement execution.
- Contact Jeff Okrina at 402-599-6970 for additional information.

Method of Payment (check one)

Cash Check Credit Card

Credit Card Information: Personal Company

Name on Card: _____ Card Number: _____

Exp Date / Sec. Code: _____ Cardholder Signature: _____

Licensee

MECA Representative



455 N 10th Street
Omaha, NE 68102
Phone: (402) 341-1500
Fax: (402) 991-1501