



2016 DAYTON DRAGONS BOY SCOUTS ORDER FORM



BOY SCOUTS OF AMERICA®

ACCOUNT INFORMATION

Name: _____ Phone (work): _____
Scout Pack/Troop #: _____ Phone (home): _____
Address: _____ Phone (cell): _____
City: _____ State: _____ Zip: _____
Email: _____ Council: _____

OPTION #1: DAYTON DRAGONS SCOUT NIGHT TICKETS

Game Date	Number of Tickets	Stadium Seats	Total
Sunday, April 17, 2:00 pm		\$12.00	\$
Saturday, May 21, 7:00 pm		\$12.00	\$
Tuesday, June 14, 7:00 pm		\$12.00	\$
Friday, July 1, 7:00 pm		\$12.00	\$
Thursday, July 28, 7:00 pm		\$12.00	\$
Sunday, August 14, 2:00 pm		\$12.00	\$
		Total	\$

OPTION #2: SCOUT OVERNIGHTER PLUS DRAGONS GAME

Game Date	Game + Overnighter Tickets	Overnighter Only	Total
Friday, May 13, 7:00 pm <i>Overnighter to follow game</i>	_____ @ \$25 Each	_____ @ \$17 Each	\$

DAYTON DRAGONS SCOUT PATCHES



# of Patches	Price	Total
	\$1.00	\$

OPTIONAL ADD-ON: SCOUT CLINIC

After selecting your game above, select the clinic if you would like to attend and how many tickets you'll need.

Number of Clinic Tickets	Price	Total
<i>Saturday, August 13th 12pm-1:30pm</i>		
	\$10.00	\$

METHOD OF PAYMENT

Credit Card or Check

Credit Card Information: ☐ AMEX ☐ Discover
☐ MasterCard ☐ VISA

Credit Card Number: _____

Signature: _____

Exp. Date: _____

☐ Enclosed is a CHECK for the amount due.
(Please make checks payable to Dayton Professional Baseball)

TOTAL DUE

Add totals from above.

OPTION #1 TOTAL	\$
OPTION #2 TOTAL	\$
SCOUT CLINIC TOTAL	\$
DRAGON PATCH TOTAL	\$
SHIPPING & HANDLING	\$ \$6.00
Total	\$