

ST. LOUIS BLUES 2007-08 ALUMNI NIGHT



Blues vs. Detroit Red Wings

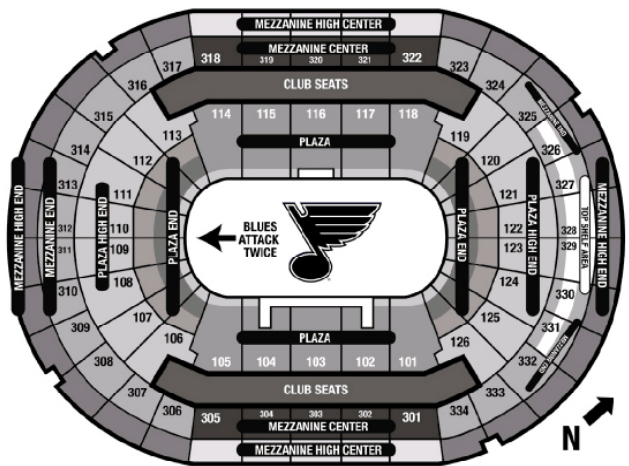
Tuesday, November 13, 2007 at 7:00 pm

*Please join us as the St. Louis Blues recognize area Alumni!
Bring your friends, family and coworkers to see the Blues take on the Red Wings.*

SAVE UP TO \$50 PER TICKET!

	Box Office Price	Alumni Discount Price
Plaza Center	\$100	\$50
Plaza High End	\$42	\$30
Mezz. Level	\$25	\$15

Call Matthew Olinik at 314.589.5807
for more information!



To purchase tickets, mail or fax (credit card orders only) your order with payment today!

BLUES Alumni St. Louis Blues vs. Detroit Red Wings
Tuesday, November 13, 2007 at 7:00 pm

Contact Information:

Organization _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone (Day) _____ (Evening) _____
E-mail _____

____ I'd like to receive the Group Scoop E-Newsletter (offering the latest group information, special e-mail discounts and inside news from Scottrade Center).
Must provide e-mail above.

Payment Information (do not mail cash):

Check or money order payable to **St. Louis Blues**
 Visa MasterCard Discover Am Express
Account # _____ Exp Date _____
Signature _____

Payment Deadline:

Check: Tuesday, October 30, 2007
Credit Card/Money Order: Monday, November 12, 2007
NO REFUNDS OR EXCHANGES - WHILE SUPPLIES LAST!

Alumni Night Special: Blues vs. Detroit Red Wings

(Age Requirement: Children 3 yrs & older must have a ticket)

Please send:

____ Plaza Center tickets @ \$50 = \$ _____
____ Plaza High End tickets @ \$30 = \$ _____
____ Mezz. Level tickets @ \$15 = \$ _____
Order Total = \$ _____

Check if disabled seating is required & we will contact you.

All orders received within 7 days of the event will be left at the Will Call Window at the Box Office (ID required).

Will Call Name _____

Send coupon & payment information to:

Scottrade Center, Attn: Matthew Olinik
1401 Clark Avenue, St. Louis, MO 63103
or fax to 314.622.5410.
E-mail questions to molinik@stlblues.com or call 314.589.5807.

For Scottrade Center Use Only

Date Rec'd: _____ ACCT # _____
Date Filled & Initials: _____ Reg Tix Price: _____
Location: _____ Check #: _____
Date Mailed: _____
Code: _ZL