



AMERITRADE *park*

OMAHA

Date: _____

* Priority Number: _____
(To be completed by MECA)

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)
Behind Home Plate	\$1,750 <input type="checkbox"/>	5 <input type="checkbox"/>
Base Lines	\$1,650 <input type="checkbox"/>	7 <input type="checkbox"/>
Beyond 1 st & 3 rd	\$1,550 <input type="checkbox"/>	10 <input type="checkbox"/>

Each Club Seat requires a \$250 non-refundable club seat reservation fee at the time the form is signed.

of Seats: _____ x \$250 per seat = _____ Total Reservation Fee Due

Method of Payment (check one)

Cash

Check

Credit Card

Credit Card Information: Personal

Company

Name on Card: _____ Card Number: _____

Expiration Date: _____ Cardholder Signature: _____

* Priority numbers will be assigned by MECA based on the date received. Seat locations will be assigned by MECA based on priority number.

By signing below, I agree to enter into a mutually agreed upon Club Seat License Agreement. When the final agreement is executed, the \$250 per seat reservation fee will be applied to the initial club seat payment.

Licensee

MECA Representative



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