



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION

NSAA 2016 Volleyball State Championship Ticket Order Form

Return this form, with payment for tickets and \$1.00 handling charge, to the NSAA, 500 Charleston Street, Suite 1, Lincoln, NE 68508. These tickets may be used at any site, any session and are *subject to capacity*. *Admittance is not guaranteed*. Moving from one site to another within a session will require an additional ticket. No refunds will be made on these pre-sale tickets.

Using the schedule below, determine the number of **SESSIONS** (each day is 1 session) for which you will need adult tickets and students tickets. Determine the total cost plus the \$1.00 handling charge. Orders filled by mail must be received by November 4th.

CHAMPIONSHIP DATES –November 10, 11, 12, 2016

Day	Time	Pinnacle Bank Court 1	Pinnacle Bank Court 2	Lincoln North Star	Lincoln Southwest	Lincoln East	Lincoln Northeast	Adult	Student
<u>Thursday</u>								\$7.00	\$5.00
Session 1	1:30pm	A	B	C1	C2	D1	D2		
	3:30pm	A	B	C1	C2	D1	D2		
	5:30pm	A	B	C1	C2	D1	D2		
	7:30pm	A	B	C1	C2	D1	D2		
<u>Friday</u>									
Session 2	9:00am	D2	D1						
	11:00am	D2	D1						
	1:00pm	C2	C1						
	3:00pm	C2	C1						
	5:00pm	A	B						
	7:00pm	A	B						
<u>Saturday</u>	Devaney Sports Center				Lincoln Southeast				
Session 3 - Championship Matches	9:00am	D2		Session 3 - 3 rd Place Matches	9:00am	C1			
	11:00am	D1			11:00am	D2			
	1:00pm	C2			1:00pm	D1			
	3:00pm	C1			3:00pm	C2			
	5:00pm	B							
	7:00pm	A							
							Total Tickets:		

Payment Information (please indicate which form of payment will be used)

_____ Cash _____ Credit Card (\$2.50 convenience charge)

**Personal Checks will not be accepted.*

Ticket Charges: \$ _____

Handling Charge: \$ _____ +1.00

Total Enclosed: \$ _____

Cardholder: _____

Card Number: _____ **Expiration:** _____ **CVV Code:** _____

Card Type (please circle): **VISA** **Mastercard** **Discover** **American Express**

Billing Address: _____

City, State, ZIP: _____

Phone: _____ **Email:** _____

Mail tickets to:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FOR NSAA USE ONLY
Amt:
Pynt:
Date:
Tix No.: