2019 Girls Basketball State Championship Ticket Order Form

If ordering both girls' and boys' championship tickets, please send separate payment, or your order will be returned to you.

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** 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 **February 22nd.**

CHAMPIONSHIP DATES – Feb. 28, March 1, 2, 2019

Day/Session	Time	Pinnacle Bank Arena	Sports Center	Lincoln Southwest	Lincoln North Star	Adult	Student	Total Cost
Thursday								
Session 1	9:00am	B	C1	D2	D1			
	10:45am	B	C1	D2	D1			
Session 2	2:00pm	A	C1	C2	D1			
	3:45pm	A	C1	C2	D1			
Session 3	7:00pm	A	B	C2	D2			
	8:45pm	A	B	C2	D2			
Friday								
Session 4	9:00am	C1	D1					
	10:45am	C1	D1					
Session 5	2:00pm	B	C2					
	3:45pm	B	C2					
Session 6	7:00pm	A	D2					
	8:45pm	A	D2					
Saturday		**Championship**		**Third Place**				
				Lincoln Southeast				
Session 7	**9:00am**	C1	**9:00am**	C2				
	11:00am	D1	**11:00am**	C1				
	1:00pm	B	**1:00pm**	D1				
Session 8	**4:30pm**	C2	**3:00pm**	D2				
	6:30pm	A						
	8:30pm	D2						
					TOTAL TICKETS			
						@ $7.00	@ $5.00	

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

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

Personal Checks will not be accepted.

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: _____

Ticket Charges: $_____

Handling Charge: $_____ +1.00

Total Enclosed: $_____

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