



2020 Boys Basketball State Championship Ticket Order Form

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

Return this form, with payment for tickets and \$2.00 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 \$2.00 handling charge. Orders filled by mail must be received by **February 21st**.

CHAMPIONSHIP DATES – March 12, 13, 14, 2020

Day/Session	Time	Pinnacle Bank Arena	Sports Center	Lincoln Southeast	Lincoln East	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	D2					
	3:45pm	B	D2					
Session 6	7:00pm	A	C2					
	8:45pm	A	C2					
Saturday		Championship		Third Place				
				Lincoln Northeast				
Session 7	9:00am	D1	9:00am	D2				
	11:00am	C1	11:00am	D1				
	1:00pm	B	1:00pm	C2				
Session 8	4:30pm	D2	3:00pm	C1				
	6:30pm	A						
	8:30pm	C2						
					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.**

Ticket Charges: \$

Handling Charge: \$ **+2.00**

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.: