



# 2008-09 PUCKS TO BUCKS ORDER FORM

## PREMIUM GAMES

				Center Preferred	Lower Level Preferred	Mezzanine Center	Mezzanine Ends	Total
				\$120.00	\$95.00	\$65.00	\$50.00	
Sat	Oct. 11	CHI	7:00					
Sat	Nov. 8	NYR	7:00					
Fri	Dec. 26	BUF	7:00					
Sat	Jan. 3	NYR	7:00					
Sat	Jan. 31	DET	12:30					
Sun	Feb. 22	PIT	3:00					
Sun	Mar. 8	PIT	3:00					

## OCTOBER

				Center Preferred	Lower Level Preferred	Mezzanine Center	Mezzanine Ends	Total
				\$85.00	\$65.00	\$35.00	\$25.00	
Mon	Oct. 13	VAN	7:00					
Sat	Oct. 18	NJ	7:00					
Tue	Oct. 28	NSH	7:00					

## NOVEMBER

Thurs	Nov. 6	CAR	7:00					
Mon	Nov. 10	TB	7:00					
Fri	Nov. 14	NJ	7:00					
Wed	Nov. 26	ATL	7:00					
Fri	Nov. 28	MTL	7:00					

## DECEMBER

Tues	Dec. 2	FLA	7:00					
Thurs	Dec. 4	NYI	7:00					
Wed	Dec. 10	BOS	7:00					
Fri	Dec. 12	OTT	7:00					
Thurs	Dec. 18	STL	7:00					
Sun	Dec. 28	TOR	7:00					

## JANUARY

Thurs	Jan. 1	TB	7:00					
Tues	Jan. 6	PHL	7:00					
Fri	Jan. 9	CBS	7:00					
Tues	Jan. 13	EDM	7:00					
Sat	Jan. 17	BOS	7:00					

## FEBRUARY

Sun	Feb. 1	OTT	12:30					
Thurs	Feb. 5	LA	7:00					
Sat	Feb. 7	FLA	7:00					
Wed	Feb. 18	MTL	7:30					
Fri	Feb. 20	COL	7:00					
Tues	Feb. 24	PHL	7:00					
Thurs	Feb. 26	ATL	7:00					

## MARCH

Sun	Mar. 1	FLA	3:00					
Tues	Mar. 3	CAR	7:00					
Thurs	Mar. 5	TOR	7:00					
Sat	Mar. 14	CAR	7:00					
Fri	Mar. 27	TB	7:00					

## APRIL

Wed	Apr. 1	NYI	7:00					
Fri	Apr. 3	BUF	7:00					
Sun	Apr. 5	ATL	3:00					

\* Gate Prices:

Center Preferred = \$105, Lower Preferred = \$80, Mezz Center = \$50, Mezz End = \$35

WASHINGTON CAPITALS

**Coached by a Cap**



## IMPORTANT INFORMATION

- Orders will be filled with the best available seats at the time the order is received.
- Minimum of 11 games MUST be purchased when using this form. If ordering individual games only, go to: <http://www.capstickets.com/puckstobucks.html>.
- Playoff Priority included with 11 or more games purchased.
- No Refunds or Exchanges
- Fax your order form to **(202) 266-2330**, email to [tbronaugh@washcaps.com](mailto:tbronaugh@washcaps.com) or mail to:

**Washington Capitals**  
**attn: Tim Bronaugh**  
**627 North Glebe Road**  
**Suite 850**  
**Arlington, VA 22203**

- All orders received within 10 business days of the game will be left at Will Call under the name provided. All others will be shipped to the address on the account.

Will Call Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hockey club or team: \_\_\_\_\_

Preferred Seating Location: \_\_\_\_\_

Credit Card: \_\_\_\_\_



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Enclosed

Please make checks payable to: Washington Capitals

**TOTAL \$** \_\_\_\_\_

Do you require accessible seating for an individual with a disability? If yes, please explain.