



WISC EXCLUSIVE OFFER



CONTACT INFORMATION

First Name: _____ Surname: _____

Address: _____

Phone: _____ Email: _____

SELECT A MATCH

Saturday, Apr 19	\$35 each
Wednesday, May 21	\$22 each
Saturday, Sept 6	\$22 each

TICKET ORDER

Quantity	Cost	Total
		\$

PAYMENT (circle one)

Visa MasterCard Debit Cash Cheque

Staff Initial _____ Date: _____

***** NO REFUNDS**

Signature

Date

Please complete and return form with payment to:

Whitby Iroquois Soccer Club
11 Stanley Court, Unit 7
Whitby, ON L1N 8P9

OR Fax/E-mail form to: (905) 666-2431 / events@whitbysoccer.com with payment to follow.

Please visit www.torontofc.ca for further information and directions to the BMO Field.