

GAME TICKET ORDER FORM
All Proceeds benefit Shriners Hospitals for Children

I wish to purchase _____ tickets @ \$5.00 each for the Shrine Chowder Bowl Classic All-Star Football Game to be held June 25, 2010- 7:00 PM at Springfield College, Springfield, MA.

Enclosed is my check for \$ _____, made payable to:
MELHA SHRINE CHOWDER BOWL.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

Please send request to:

Chowder Bowl Tickets
Melha Shriners
133 Longhill Street
Springfield, MA 01108-1499

Ticket orders must be received by June 7th, 2010.