

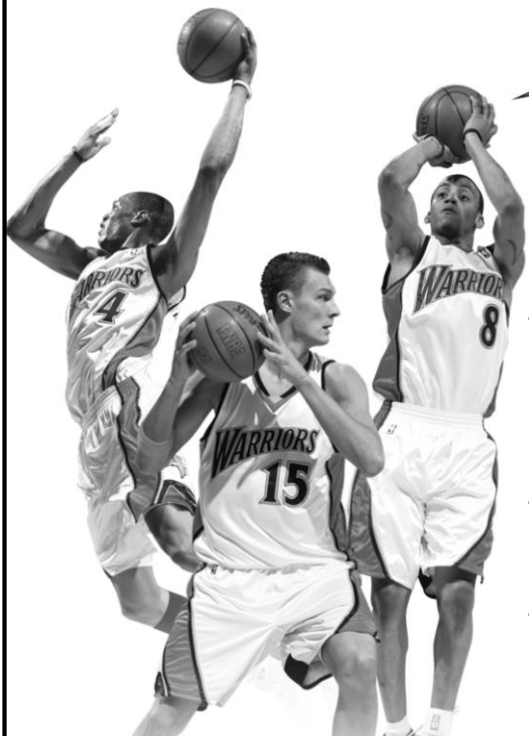


GOLDEN STATE WARRIORS TICKET OFFERS

NJB NIGHT

WITH THE WARRIORS!

Top Selling Teams Will Have A Chance To PLAY ON THE WARRIORS COURT!
A portion of each ticket sold will be donated to the players NJB Chapter!



Saturday, February 6, 2010
7:30 p.m
ORACLE Arena

- We encourage all players to sell tickets in order to qualify their team for a Jamboree Tournament to be played at ORACLE Arena.
- The top 15 selling players will get to High Five the Warriors as they enter the court!
- Each player that sells 15+ tickets will receive an autographed picture of a Warriors player
- Every ticket includes a food voucher good for a Hot Dog, Chips and a Soda!
- Each child (18 and under) will be able to shoot a free throw on the court following the game!

It's A Great Time Out FOR GROUPS!

Teams of 20+ will receive Scoreboard Recognition

Please visit www.siliconvalleynjb.com for all pertinent information or Contact the Warriors at (510) 986-5408 or by email at tacorti@gs-warriors.com

PAYMENT ORDER FORM

Deadline for Mail Delivery Orders: Tuesday, January 26, 2010

Deadline for Will-Call pickup orders: Thursday, February 4, 2010

Team Selection Orders MUST be received by: Tuesday, January 26, 2010

Circle your NJB Section:

Silicon Valley Alameda County North Bay San Joaquin Valley

Circle team and division:

Boys Girls D1 D2 D3 AN_____

Coaches' Name: _____

Player's Name: _____

Number of Kids (For post-game free throw, 18 and under): _____

# Tickets	Ticket Price	Seat Location	Total
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Thunder: _____ @ \$28* ea. (Reg. \$40) Club 200 Sideline: _____

Thunder: _____ @ \$65 ea. (Reg. \$85) Lower Level Corner: _____

Orders sent in with 15+ Tickets will automatically have price reduced to \$22 in Club 200!

Total = \$ _____

Club 200 Sideline - Sec. 229-204; 213-220

Lower Level Corner - Sec. 105, 110, 119, 124

Name _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Will-Call Name (if necessary): _____

PAYMENT OPTIONS

Check: Check # _____ (Payable to Golden State Warriors)

Credit Card: AMEX M/C VISA Exp Date: ____/____

Card Number: _____

Billing Address: _____

Name on Card: _____

OFFICE USE ONLY: Account Number # _____ 173153

Mail Order Form to: Golden State Warriors Ticketing Department
Attn: Troy Corti · 1011 Broadway · Oakland, CA 94607-4019 or FAX to: 510-663-9192