

ORDER FORM

Red Sox vs. Oakland Athletics
Sunday, June 7, 2015 Time: 1:35pm
Fenway Park, Boston

NAME: _____
PHONE: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

# of Tickets (limit of two) X	Price Per Ticket -\$15.00	= Ticket Total Cost

TOTAL ENCLOSED: _____
(write "June 7 Game" on check)

Order must be received by May 1, 2015.
Tickets will be mailed the week of May 11, 2015.

When tickets are sent: please email: _____ (Email Address)

Make checks payable to: Boston University. Return check with order form(s) to
Inez Alexander, Human Resources, 25 Buick Street, Boston, MA 02215.
Please contact Inez Alexander at (617) 353-4480 with any questions.

ORDER FORM

Red Sox vs. Baltimore Orioles
Saturday, September 26, 2015. Time: 4:25pm
Fenway Park, Boston

NAME: _____
PHONE: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

# of Tickets (limit of two) X	Price Per Ticket -\$15.00	= Ticket Total Cost

TOTAL ENCLOSED: _____
(write "September 26 Game" on check)

Order must be received by May 1, 2015.
Tickets will be mailed the week of May 11, 2015.

When tickets are sent: please email: _____ (Email Address)

Make checks payable to: Boston University. Return check with order form(s) to
Inez Alexander, Human Resources, 25 Buick Street, Boston, MA 02215.
Please contact Inez Alexander at (617) 353-4480 with any questions.