PARTICIPATE AND RECEIVE A FREE TICKET TO THE SOUND TIGERS OPENING NIGHT GAME

DATE AND TIME TBA

THE TOP 3 PERFORMING SCHOOLS WILL RECEIVE A SPECIAL PRIZE!

EVERY PARTICIPANT WILL RECEIVE A READING CERTIFICATE FROM STORM

FOR MORE INFORMATION, PLEASE CONTACT:
SARAH RODRIGUES
(203) 345-4823 | SARAH.RODRIGUES@SOUNDTIGERS.COM
Please fill out the form below (including the book list) and return to the Sound Tigers by September 21st.

Each participating student will receive 1 FREE TICKET to the Sound Tigers Opening Night Game.

Child’s Name:_______________________________  # of free tickets to Opening Night:______________
School/Library:______________Class:__________  # of additional tickets:________________________
Parent’s Name:_____________________________  x $18 each = $______________________________
Parent’s Phone:_____________________________  
Parent’s Email:______________________________  Please circle payment type:
Address:___________________________________  AMEX   MC   VISA   DISCOVER   CASH   CHECK*
City/State/Zip:______________________________  Card #:____________________________________
# of free tickets to Opening Night:______________

LIST BOOKS READ BELOW

1. ______________________________________________________________________________________________
2. _____________________________________________________________________________________________
3. _____________________________________________________________________________________________
4. _____________________________________________________________________________________________
5. _____________________________________________________________________________________________
6. _____________________________________________________________________________________________
7. _____________________________________________________________________________________________
8. _____________________________________________________________________________________________
9. _____________________________________________________________________________________________
10. ____________________________________________________________________________________________

TOTAL BOOKS READ: __________

*Please make check payable to the Bridgeport Sound Tigers

For more information, contact Sarah Rodrigues at (203) 345-4823 or Sarah.Rodrigues@SoundTigers.com.

Please mail your completed form to:
Bridgeport Sound Tigers, 600 Main Street, Bridgeport, CT 06604

*Ticket location subject to discretion of venue. Subject to availability.