MASTER SUITE INFORMATION FORM

Suite Holder Information

Suite #: _____

Entire 2026 Season ☐ or this date only: _____

_____
Company Name

_____
Contact Name

_____
Phone

_____
Game Day Phone Contact

_____
Address

_____
City, State, Zip

_____
Email

Credit Card Billing Information

☐ Billing information same as above

_____
Contact Name

_____
Phone

_____
Billing Address

_____
City, State, Zip

Guarantee of Payment

☐ VISA ☐ MasterCard ☐ American Express

_____
Card Holder's Name

_____
Credit Card #

_____ _____
Expiration Date Security Code

THIS CREDIT CARD ***WILL NOT*** BE USED FOR PURCHASES ON THE DAY OF EVENT/GAME UNLESS, AND ONLY IF, YOU AUTHORIZE ITS USE, BY CHECKING THE BOX BELOW

☐ YES, PLEASE USE MY CARD FOR DAY OF EVENT/GAME PURCHASES
The following person(s) are also authorized to use this card for Day of Event/Game Purchases

_____

_____

_____

☐ NO, there will be no card on file for Day of Game purchases. Guests will provide their own card

I hereby authorize Epicurean Entertainment, LLC. to apply charges to my credit card for food, beverage &/or services rendered to the above listed Executive Suite. I understand that any MISSING OR DAMAGED equipment or goods will be billed to the above listed Executive Suite after each game. All prices are subject to 20% Administrative charge and sales tax.

_____
Card Holder's Name

_____ _____
Card Holder's Signature Date

EPICUREAN SPORTS

Please return via facsimile or email to:
Epicurean Sports
1801 Bryant Street, Suite #600, Denver, CO 80204
Direct: 720 258 3568 Fax: 720 258 3588
stadiumsales@epicureangroupco.com