

SIOUX FALLS STORM “HAND OFF TO KIDS” DONATION TICKET REQUEST

I/We wish to request Game Tickets from the Sioux Falls Storm “Hand-Off To Kids Program.

Charity Name/Cause _____

Contact Person _____

Charity Mailing Address _____

City/State/Zip Code _____

Purpose for Ticket Request _____

Charity Organization Day Phone _____

Contact Person Cell Phone _____

Contact Person E-Mail _____

Storm Football Game Date Requested _____

Number of Game Tickets Requested _____

When form is complete, please scan & email to Allison Norgaard, Sioux Falls Storm Ticket Director c/o allison.norgaard@siouxfallsstorm.com or Fax: 605.271.1416.