

# ICE CHIPS

## IMAGINE

2018



## Benefactor Benefits

APRIL 7 & 8, 2018

Presented by



### *The Skating Club of Boston*

*Ice Chips Show of Champions is the longest running figure skating ice show in the world, celebrating its 106th production this year. Sponsor this magnificent event and support a great cause.*



Benefiting:  
**Boston  
Children's  
Hospital**

"Until every child is well"

Sanctioned by:

**USFIGURE  
SKATING®**  
[usfigureskating.org](http://usfigureskating.org)





# Benefactor Benefits

## Platinum

- Exclusive VIP Meet & Greet with the Stars
- Priority Online Seat Selection Opens February 4-9, 2018
- 2018 Commemorative Ice Chips VIP Gift Bag
- 15 Passes to the VIP Hospitality Lounge
- Ability to purchase additional hospitality passes up to the number of additional tickets purchased\*\*
- VIP Credentials and Lanyards
- VIP Center Section Padded Seats
- Includes 15 tickets  
(Available in any desired rows/sections as chosen by Benefactor\*)
- No ticket service fees
- 5 Autographed Program Books
- 5 Autographed Ice Chips Posters
- Recognition in 2018 Ice Chips Program Book

## Gold

- Exclusive VIP Meet & Greet with the Stars
- Priority Online Seat Selection Opens February 11-16, 2018
- 2018 Commemorative Ice Chips VIP Gift Bag
- 10 Passes to the VIP Hospitality Lounge
- Ability to purchase additional hospitality passes up to the number of additional tickets purchased\*\*
- VIP Credentials and Lanyards
- VIP Center Section Padded Seats
- Includes 10 tickets  
(VIP center sections rows 3 or higher or any desired row/section outside of VIP section as chosen by Benefactor\*)
- No ticket service fees
- 3 Autographed Program Books
- 3 Autographed Ice Chips Posters
- Recognition in 2018 Ice Chips Program Book

# Benefactor Benefits

## Silver

- Priority Online Seat Selection Opens February 18-February 23, 2018
- VIP Center Section Padded Seats
- Includes 6 tickets & up to 8 additional tickets  
(VIP center sections rows 4 or higher or Any desired row/section outside of VIP section as chosen by Benefactor\*)
- 2 Autographed Program Books
- 2 Autographed Ice Chips Posters
- 2018 Commemorative Ice Chips Souvenir
- Recognition in 2018 Ice Chips Program Book

## Bronze

- Priority Online Seat Selection Opens: February 23-March 2, 2018
- Includes 4 tickets & up to 8 additional tickets in VIP Padded seat section  
(VIP center sections rows 4 or higher or Any desired row/section outside of VIP section as chosen by Benefactor\*)
- Autographed Program Book
- Autographed Ice Chips Poster
- Recognition in 2018 Ice Chips Program

## Patron

- Priority Online Seat Selection Opens February 23-March 2, 2018
- Includes 2 tickets & up to 8 additional tickets in VIP Padded seat section  
(VIP center sections rows 4 or higher or Any desired row/section outside of VIP section as chosen by Benefactor\*)
- Autographed Program Book
- Recognition in 2018 Ice Chips Program Book

**\*Note:** All Benefactor order must be placed by March 3, 2018. Once Benefactor orders are placed, Benefactors will be able to select their own seats on-line. A special code will be provided to Benefactors for seat selection through the Harvard Ticket Office's on line service. Platinum and Gold Benefactor packages will have the \$3.00 per ticket handling charge waived. Silver, Bronze, and Patron Benefactors will need to pay an additional \$3.00 per ticket handling fee at the time of ticket selection.

**\*\*All seat selections are based on availability**

**\*\*\* Hospitality Passes must be used for the same show as ticket**

**\*\*\*\*Center Stage & Encore TOI teams will perform in the Saturday 12:00 PM show; Encore & Imagica TOI teams will perform in the Saturday 6:00 PM show; Overture, Act I & Forte TOI teams will perform in the Sunday 1:00 PM show.**

**\*\*\*\*\* Synchro Skills, Juvenile & Intermediate Team Exel teams will skate in the Saturday 12:00 PM show; Open Juvenile, Junior & Adult teams will perform in the Saturday 6:00 PM show; Preliminary, Junior & Adult teams will perform in the Sunday 1:00 PM show.**



# Benefactor Order Form

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am a: ☐ Club Member (Club Account # \_\_\_\_\_)

☐ Skating Academy Participant ☐ Other \_\_\_\_\_

## Benefactor Packages *See all other benefits shown on Benefactor Benefits Summary*

Benefactor Packages				Additional Tickets			Additional VIP Hospitality Passes			Total Package Cost
	Tickets Included	VIP Passes included	Base Package Cost	Max Additional Allowed	Quantity Requested	Additional Ticket Cost \$33 per ticket	Max Additional Allowed *	Quantity Requested *	Additional VIP Pass Cost \$20 per pass	
Platinum	15	15	\$3,500.00			\$		*	\$	\$
Gold	10	10	\$1,500.00			\$		*	\$	\$
Silver	6	0	\$750.00	8		\$	0	0	0	\$
Bronze	4	0	\$375.00	8		\$	0	0	0	\$
Patron	2	0	\$150.00	8		\$	0	0	0	\$

\*Not to exceed quantity of Additional tickets requested

## Performances

☐ Saturday, April 7 at 12PM # of Tickets: \_\_\_\_\_

☐ Saturday, April 7 at 6PM # of Tickets: \_\_\_\_\_

☐ Sunday, April 8 at 1PM # of Tickets: \_\_\_\_\_

## Donor Name

As it should appear in the Ice Chips Program:

\_\_\_\_\_

☐ Please do not include my name in the program.

# Benefactor Order Form

## Ticket Pick-Up

☐ **Will Call** (tickets will be held at the Bright-Landry Hockey Center for day of show pick-up. Photo ID required.)

☐ **Club Office** (Tickets may be picked up at The Skating Club of Boston club office Mon-Fri from 10am -5pm. After April 4th tickets must be picked up at Will Call. Photo ID required.)

## Payment Information

Total Amount Due = \$ \_\_\_\_\_

Payment Type: ☐ Club Account: \_\_\_\_\_ ☐ Check ☐ Credit Card

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVC Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

☐ Our check made out to Ice Chips Show of Champions is enclosed.  
(Personal checks should be made payable to The Skating Club of Boston)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thank You!

Ice Chips Representative: \_\_\_\_\_ Date Order Taken: \_\_\_\_\_

For Office Use:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Order Filled: \_\_\_\_\_ By: \_\_\_\_\_