BOK CENTER

an SMG Managed Facility

Premium Seating Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: **( )** E-mail Address:

Seating Preference

Please check the type of seating you are interested in.

Club Seats: ☐

Loge Box: ☐

Suite: ☐

Disclaimer and Signature

I certify that my above information is true and complete to the best of my knowledge.

If this application leads to opportunity to purchase Premium Seating, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____