



Rexall Place • March 1, 2008 • Doors: 12:00PM • Activities: 1:00PM

TICKET CONSIGNMENT RECEIPT

I, the undersigned Ticket Recipient, acknowledge having received the below described Oilers Skills Competition, presented by McDonalds tickets consigned to me for March 1, 2008 (the "Tickets"). I acknowledge these Tickets have been provided to me on a consignment basis to be sold through the minor sports team outlined below with which I am associated with as part of a sales campaign for the 2007/08 Edmonton Oilers Skills Competition event, presented by McDonald's. My efforts in selling the Tickets will be in conformity with the direction provided to me relating to the sales campaign. I understand that each Ticket has a value of \$8.00, including GST.

I agree that I shall account to the Oilers for the full value of the Tickets provided to me. I shall deliver to the Oilers either the Tickets or their cash value. I understand I shall be responsible for any lost or stolen Tickets. I agree that I shall administer the sale of the Tickets in such a way that a daily count of sold Tickets is available to the Oilers and I agree to provide that count to the Oilers upon request from time to time.

By way of security for the value of the Tickets, I am providing my credit card information to the Oilers. In the event that by **February 25, 2008** there is either: (a) a shortfall in my accounting to the Oilers, which accounting I agree shall be made in writing together with delivery of unsold Tickets and payment for sold Tickets by **February 25, 2008**; or (b) I have not returned unsold Tickets or full payment for sold Tickets resulting in a shortfall; I authorize the Oilers to charge against my credit card the amount of that shortfall. I understand that our group/team is accountable for selling at least 20 Tickets in order to receive \$3.00 per Ticket from the Edmonton Oilers.

I agree to the above

Please fill out the following information

Team Name:	
Name of Ticket Recipient:	Signature of Ticket Recipient:
Mailing Address:	City: _____ Prov: _____
PC: _____ Email: _____	Phone: (_____) _____
Credit Card Type:	Credit Card Number: _____
	Exp: _____

To be Complete on Issuance of Tickets	
Account Name:	Date of Issue:
Account Number:	
Total Tickets Issued:	Value \$:

To be Complete on Return of Unsold Tickets and Money	
Date Returned:	
Number of Unsold Tickets Returned	Value \$:
Cash Received:	Value \$:
Total Value Received:	Value \$:
SHORTFALL, (If any)	
Value \$:	
Signature of Oilers Representative:	
Signature of Ticket Recipient:	

Please submit via fax or email to:
Oilers Skill Competition Tickets
Attn.: Lisa Zdrill
Fax: 780.409.5890
Email: skills@edmontonoilers.com