



APRIL

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	DET 1:10		4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Schedule as of 3/17/17. All times CST. Dates and opponents subject to change.



I'M WITH THE BAND

HEADING OUT TO GUARANTEED RATE FIELD TO SEE YOUR FAVORITE BAND OR SINGER PERFORM BEFORE THE GAME?

Take advantage of specially priced tickets for friends and family of the band or singer by completing this order form and mailing or faxing it back to the White Sox.

ORDER TICKETS	GAME DATE* _____	
MAIL with payment to: Chicago White Sox Sales Department ATTN: I'M WITH THE BAND 333 W. 35th St, Chicago, IL 60616 FAX with payment to: 312-674-5140	# OF TICKETS	TICKET PRICE
		\$ _____ (See Table Below for Price)
		Hot Dog Value Meal (hot dog, chips, soda - \$7.50)
		Car Parking @ \$20 (Mon-Sat) @ \$10 (Sun)
		Handling Fee (groups of 19 or less)
	Total Enclosed	\$5

Tickets will be mailed to the address listed below, unless the White Sox receive your order within 10 days of the game date. All game times and promotions are subject to change. Seats will be filled on a best available basis.

PLEASE REFER TO THE SCHEDULE ON THE LEFT TO FIND THE PRICE RANGE FOR YOUR GAME.

	LOWER BOX	OUTFIELD RESERVED
PRICE RANGE 1	\$35	\$22
PRICE RANGE 2	\$31	\$18
PRICE RANGE 3	\$29	\$16
PRICE RANGE 4	\$27	\$14
PRICE RANGE 5	\$25	\$12
PRICE RANGE 6	\$25	\$10

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Please charge my: Visa Mastercard Amex Discover

Credit Card # _____ Expiration Date _____

Signature _____

OR: Enclosed is a check or money order payable to the Chicago White Sox.
(If check or money order is greater than total cost of the tickets, the difference will be made up in Comiskey Cash.)

Check # _____