ILLINI SEATS RESERVATION FORM

All orders mailed or e-mailed to IMG COLLEGE SEATING will be subject to a $3.00 processing fee.
PLEASE PRINT, COMPLETE, AND EITHER MAIL OR SCAN AND EMAIL TO ONE OF THE FOLLOWING ADDRESSES

Mail Order: IMG College Seating
540 North Trade Street
Winston-Salem, NC 27101

Phone #: 866-514-3435
School: Illinois
Season: 2024

YOUR DETAILS

Full name .....

Address .....

.....

City .....

State .....

ZIP .....

Phone Number .....

Email Address .....

YOUR LOCATION

Season Ticket Account # .....

SEAT LOCATION(S)

Section..... **Row**..... **Seat**.....

Section..... **Row**..... **Seat**.....

Section..... **Row**..... **Seat**.....

Section..... **Row**..... **Seat**.....

Section..... **Row**..... **Seat**.....

Number of Stadium Seats Desired .....

METHOD OF PAYMENT

Please reserve ..... **seat(s) x $50.00** (including sales tax) + **$3.00** (processing fee) for a **total of $ .....**

Amount of check enclosed .....
(Please make checks payable to IMG College Seating)

IMG COLLEGE SEATING