

# 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

**Email Order:** imgcollegeseating@img.com  
**School:** Delaware  
**Season:** 2019

## 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 \$35.00 (including sales tax) + \$3.00 (processing fee) for a total of \$ .....

Card # .....

Exp. Date .....

Amount of check enclosed .....

(Please make checks payable to IMG College Seating)

**IMG COLLEGE SEATING**