## **SALUKI 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 North Trade Street	Phone #: School:	Southern Illinois	540
	Winston-Salem, NC 27101	Season:	2024	
YOUR DETAILS		YOUR LOCA	ATION	
Full name		Season Ticket Account #		
Address		SEAT LOCATION(S)		
		Section	Row	Seat
City		Section	Row	Seat
State		Section	Row	Seat
ZIP		Section	Row	Seat
Phone Number		Section	Row	Seat
Email Address		Number of Stadium Seats Desired		
METHOD OF PA	YMENT			
Please reserve	seat(s) x \$30.00 (including sales tax) +	<b>\$3.00</b> (processi	ng fee) for a <b>total of \$</b>	
		Amount of check enclosed		
		(Ple	ease make checks payable to IM	G College Seating)