

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: 2025

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 \$70.00** (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