

# BUCKEYE 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 #:** 866-910-9290  
**School:** Ohio State  
**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 \$130.00** (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**