## **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 2710	1	School:	866-910-9290 Ohio State 2017			
YOUR DETAILS			Season Ticket Account				
Address			City				
			State		. ZIP		
Phone Number		Email Addr	Email Address				
SEAT LOCATIO	N(S)						
Game	Section (s) Row (s)	Seat (s)	Game	Section (s)	Row (s)	Seat(s)	
Oklahoma			Penn State				
Army			Michigan St	tate			
UNLV			Illinois				
Maryland			Total Number of Stadium Seats desired				
METHOD OF PA	YMENT						
Pleasereserve	seat(s) x (includin	g sales tax) + <b>\$3.00</b> (proce	essing fee) for a <b>t</b> o	otal of \$			
	Amount of check enclosed						
	(Please make checks payable to IMG CollegeSeating)						