## **TIGER 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:	540 North	IMG College Seating 540 North TradeStreet Winston-Salem, NC 27101			866-910-9289 CLEMSON UNIVERSITY 2018				
YOUR DETAILS Full name		Season Ticket Account							
Address	s			City					
				State			ZIP		
Phone Number	nber			Email Address					
SEATLOCATION	N(S)								
Game	Section (s)	Row (s)	Seat (s)	Game		Section (s)	Row (s)	Seat(s)	
Furman				Louisville					
Georgia Southern			Duke						
				South Car	olina				
Syracuse				Total Num	tal Number of Stadium Seats desired				
NC State									
METHOD OF PA	YMENT								
Pleasereserve	seat	(s) x (including	g sales tax) + <b>\$3.00</b> (proce	ssing fee) for a	total o	f\$			
		Amount of check enclosed							
		(Please make checks payable to IMG CollegeSeating)							