WOLFPACK CUSHIONS 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 TradeStreet Winston-Salem, NC 2710	1	Phone #: School: Season:	866-916-8444 NC State 2018			
YOUR DETAILS Full name		Season Ticket Account					
Address		City					
			State		. ZIP		
Phone Number		Email Ad	Email Address				
SEAT LOCATIO	N(S)						
Game	Section (s) Row (s)	Seat (s)	Game	Section (s)	Row (s)	Seat(s)	
James Madison			Boston C	ollege			
Georgia State			Florida S	tate			
West Virginia			Wake For	rest			
Virginia			Total Number of Stadium Seats desired				
METHOD OF PA	YMENT						
Pleasereserve	seat(s) x (including	g sales tax) + \$3.00 (proce	essing fee) for a	a total of \$			
	Amount of check enclosed						
	(Please make checks payable to IMG CollegeSeating)						