## **BLUE HEN 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 TradeStreet Winston-Salem, NC 27101		School: D	77-421-6410 Jelaware 019		
YOUR DETAILS Full name		Season Ticket Account				
Address			City			
			State		. ZIP	
Phone Number	one Number		Email Address			
SEAT LOCATION	(S)					
Game :	Section (s) Row (s)	Seat (s)	Game	Section (s)	Row (s)	Seat(s)
Delaware State			Richmond			
North Dakota State		Albany				
			Stony Brook			
Penn			Total Numbe	r of Stadium Sea	ts desired .	
New Hampshire						
METHOD OF PAY	MENT					
Pleasereserve	seat(s) x (includin	g sales tax) + <b>\$3.00</b> (proce	ssing fee) for a <b>tot</b>	al of \$		
	Amount of check enclosed					
	(Please make checks payable to IMG CollegeSeating)					