ILLINI 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	01	Phone #: School: Season:	866-514-3435 Illinois 2019	
YOUR DETAILS Full name	; 		Season T	Season Ticket Account	
Address			City		
			State	ZIP	
Phone Number	Number		Email Address		
SEAT LOCATION	N(S)				
Game	Section (s) Row (s)	Seat (s)	Game	Section (s) Row (s) Seat(s)	
Akron			Wisconsi	n	
Eastern Michiga	n		Rutgers		
			Northwes	stern	
Nebraksa			Total Number of Stadium Seats desired		
Michigan					
METHOD OF PA	YMENT				
Pleasereserve	seat(s) x (includii	ng sales tax) + \$3.00 (proce	essing fee) for a	a total of \$	
	Amount of check enclosed				
	(Please make checks payable to IMG CollegeSeating)				