

# 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 27101

**Email Order:** imgcollegeseating@img.com  
**School:** Illinois  
**Season:** 2019

## YOUR DETAILS

**Full name** .....

**Season Ticket Account**.....

**Address** .....

**City** .....

.....

**State** ..... **ZIP** .....

**Phone Number** .....

**Email Address**.....

## SEAT LOCATION(S)

**Game**            **Section (s)**   **Row (s)**        **Seat (s)**

**Game**            **Section (s)**   **Row (s)**        **Seat(s)**

**Total Number of Stadium Seats desired** .....

## METHOD OF PAYMENT

Please reserve ..... **seat(s) x** (including sales tax) + **\$3.00** (processing fee) for a **total of \$** .....

**Card #** .....

**Amount of check enclosed** .....

**Exp. Date** .....

(Please make checks payable to IMG College Seating)