## **EAGLE 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		Phone #: School: Season:	877-549-7346 Southern Mississipp 2019	i		
YOUR DETAILS Full name			Season 1	Ticket Account			
Address			City .				
			State		ZIP		
Phone Number		Email Ad	ldress				
SEAT LOCATIOI	N(S)						
Game	Section (s) Row (s)	Seat (s)	Game	Section (s)	Row (s)	Seat(s)	
Alcorn State			UAB				
UTEP			WKU				
North Texas			Total Nu	mber of Stadium Seat	s desired		
METHOD OF PA	YMENT						
Pleasereserve	seat(s) x (includin	ng sales tax) + <b>\$3.00</b> (proc	essing fee) for	a total of \$			
			Amount of check enclosed				
			(F	Please make checks pav	able to IMG C	collegeSeating)	