GAMECOCK SEATS RESERVATION FORM

All orders mailed or e-mailed to IMG COLLEGE SEATING will be subject to a \$3.00 processing fee.

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YOUR DETAILS Full name	S	Season	Season Ticket Account	
Address		City		
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Phone Number		Email Ac	Email Address	
SEAT LOCATIO	N(S)			
Game	Section (s) Row (s) Seat (s)	Game	Section (s) Row (s) Seat(s)	
Charleston Southern		Vanderb	oilt	
Alabama		Appalacl	chian State	
Kentucky		Clemsor	n	
Florida		Total Nu	Total Number of Stadium Seats desired	
METHOD OF PA	YMENT			
Pleasereserve	seat(s) x (including sales tax) + \$	3.00 (processing fee) for	r a total of \$	
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