CYCLONE 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

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YOUR DETAILS Full name				Season Ticket Account					
Address					City				
				State			. ZIP		
Phone Number			Email Address						
SEAT LOCATION	N(S)								
Game	Section (s)	Row (s)	Seat (s)	Game		Section (s)	Row (s)	Seat(s)	
South Dakota				Kansas S	State				
UNLV				Baylor					
Texas Tech				West Virg	ginia				
Oklahoma				Total Number of Stadium Seats desired					
METHOD OF PA	YMENT								
leasereserve	sea	t(s) x (includin	g sales tax) + \$3.00 (proc	essing fee) for	a total o f	f\$			
				Amount of check enclosed					
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