

# 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

**Phone #:** 866-514-3435  
**School:** Illinois  
**Season:** 2021

## 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)
Total Number of Stadium Seats desired .....			

Game	Section (s)	Row (s)	Seat(s)
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## METHOD OF PAYMENT

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

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

(Please make checks payable to IMG College Seating)