

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 #: (800) 979-2077
School: Illinois
Season: 2025

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 \$**

Amount of check enclosed

(Please make checks payable to IMG College Seating)