

## 2019-2020 ISU MEN'S BASKETBALL SEASON TICKET FORM

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

			Quantity		Total
COURTSIDE *	(\$400)	\$ 335.00	x _____	= \$	_____
FLOOR *	FL1(\$300)	\$ 271.00	x _____	= \$	_____

**LOWER CONCOURSE**

PRIORITY I*	(\$175)	\$ 189.00	x _____	= \$	_____
Faculty/Staff		\$ 159.00	x _____	= \$	_____
(Limit of 4 discounted tickets)					

PRIORITY II *	(\$125)	\$ 179.00	x _____	= \$	_____
Faculty/Staff		\$ 139.00	x _____	= \$	_____
(Limit of 4 discounted tickets)					

UPPER CONCOURSE		\$ 49.00	x _____	= \$	_____
FLEX 5		\$ 90.00	x _____	= \$	_____
(5 Lower Level Tix in P1 Section)					

Postage & Handling \$ 3.00

**(Minimum Donation required per seat)**

SVC Gift # of Seats \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Designation \_\_\_\_\_

Lot A-22 \_\_\_ Lot C \_\_\_ Lot D \_\_\_ Parking \$ 25.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 8<sup>th</sup> & Cherry Garage \_\_\_

**TOTAL** \$ \_\_\_\_\_

\* A donation to the Sycamore Athletics Scholarship Fund is required.

**Method of Payment (Circle One)**

Check or money order (made payable to ISU) Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_  
 VISA [ ] MC [ ] Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ CIN # \_\_\_\_\_

Requested Seat Location: \_\_\_\_\_

Return form and payment to : ISU HULMAN CENTER, 200 N. 8<sup>th</sup> Street, Terre Haute, IN 47809  
 Phone - 812.237.3737 Fax - 812.237.3741

OFFICE USE ONLY		
Order taken by _____	Date _____	Time _____
Account # _____		
Section _____	Row _____	Seats _____