

2016-2017 Payroll Deduction Authorization

Chanticleer Athletic Foundation (CAF)

2016-17 Basketball Season Tickets

Name _____ CCU ID Number _____ Date _____

I receive 18 24 Bi-weekly paychecks Semi-monthly paychecks

ORDER INFORMATION

Men's Basketball Season Tickets

2016-17 Men's Basketball Amount \$_____.00 (Payment must be completed by March 31, 2017.)

Women's Basketball Season Tickets

2016-17 Women's Basketball Amount \$_____.00 (Payment must be completed by March 31, 2017.)

Chanticleer Athletic Foundation Donation (One donation is valid for 2016-2017 athletic season.)

CAF Donation Amount \$_____.00 (Payment must be completed by June 30, 2017.)

Is this CAF donation in connection with the purchase of football, basketball or baseball tickets?

Yes No If yes, please check appropriate donation level below:

<input type="checkbox"/> Suite Level III	\$8,000	Parking for all three sports included.
<input type="checkbox"/> Suite Level II	\$6,500	Please choose two sports: <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball
<input type="checkbox"/> Suite Level I	\$4,500	Please choose one sport: <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball
<input type="checkbox"/> Chant III	\$2,000	Parking for all three sports included.
<input type="checkbox"/> Chant II	\$1,600	Please indicate parking (choose two): <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball
<input type="checkbox"/> Chant I	\$1,200	Please indicate parking (choose one): <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball
<input type="checkbox"/> Champion	\$500	Parking for football and basketball included.
<input type="checkbox"/> Captain	\$250	Please indicate parking (choose one): <input type="checkbox"/> Football <input type="checkbox"/> Basketball
<input type="checkbox"/> Coach	\$100	Parking for football included.
<input type="checkbox"/> Team CAF	\$19.54	

CAF donations must be paid in full by June 30, 2017. A new Payroll Deduction Authorization must be submitted each year prior to July 1 in order to continue your donation.

I authorize the Payroll Office to deduct these monies from my payroll checks for season tickets and/or a donation to the Chanticleer Athletic Foundation. If I leave employment with the University, I authorize the Payroll Office to deduct any outstanding balance from my last payroll check.

Signature: _____ Date: _____

Return forms to the CAF or Athletics Ticket Office in Arcadia Hall.

Chanticleer Athletic Foundation representative _____ Date _____

Athletics Ticket Office representative _____ Date _____

Financial Services representative _____ Date _____