



2008 Louisville Cardinal Football Season Ticket Waiting List Application



Cardinal Football sold out on a season-basis in 2007. The Athletic Ticket Office is currently accepting applications on the waiting list for the **2008 season**. Please review the information below to determine which package(s) are of interest to you. Please submit the application by May 1, 2008 to reserve your place on the 2008 waiting list. **If we are able to accommodate your request you will be contacted with an offer to purchase 2008 Season Tickets.** Thank you for your interest in Cardinal Football! Go Cards!

Seating Package	Annual CAF Donation (If Applicable)	Ticket Price
Founders (1)	\$700 (per seat)	TBD
Partners (2)	\$350 (per seat)	TBD
Associates (3)	\$200 (per seat)	TBD
Preferred Faculty/Staff/L-Club*	\$200 (per seat)	TBD
Preferred No Alcohol	\$100 (per seat)	TBD
Crunch Zone	\$100 (per seat)	TBD
Family Plan (Includes 4 Seats)	NA	TBD
Reserved	NA	TBD
Faculty/Staff/L-Club*	NA	TBD

For a seating chart of Papa John's Cardinal Stadium please visit www.uoflsports.com

(1) - Founders: \$700 Annually + Minimum Gift of \$12,500 per seat (payable over 5 years)

(2) - Partners: \$350 Annually + Minimum Gift of \$6,250 per seat (payable over 5 years)

(3) - Associates: \$200 Annually + Minimum Gift of \$2,500 per seat (payable over 5 years)

* In order to obtain seats in the faculty/staff & L-Club sections, you must first be a full-time faculty or staff member at the University of Louisville, retired from the university with full benefits or be a former U of L letterwinner with proper L-Club Membership

NOTE: At the end of the entry period, members of the waiting list order will be assigned based on CAF priority points, with those individuals having highest ranking being first.

For more information about contributing to the Cardinal Athletic Fund and accumulating priority points, please call 502-852-5735.

CAF Account # _____ (if applicable)
Name _____
Address _____
City _____ ST _____ Zip _____
Day Phone _____
Evening Phone _____
Mobile Phone _____
E-Mail _____
<input type="checkbox"/> Yes, I am interested in learning more about supporting athletic scholarships through the Cardinal Athletic Fund.

of Seats Requested _____

Desired Package

1st Choice _____

2nd Choice _____

3rd Choice _____

Request wheelchair accessible seats

Please Mail To:
University of Louisville
Athletic Ticket Office
Louisville, KY 40292
Fax to: (502) 852-0968