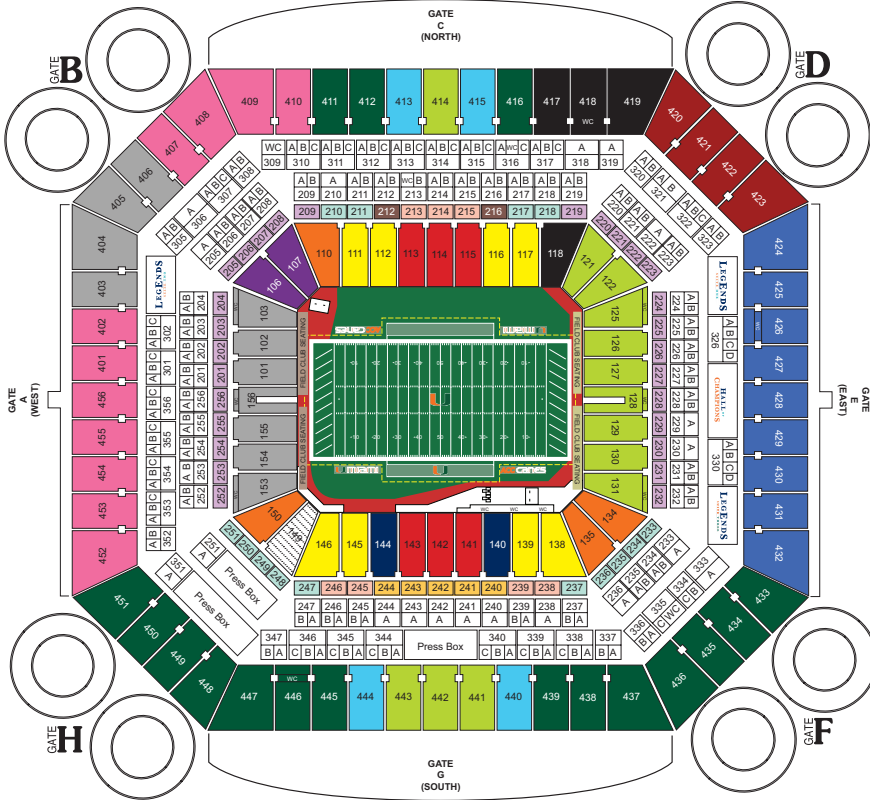


This season University Benefits will be reducing the employee discount on University-provided products from 50% to 20% due to IRS regulations. In addition to the 20% discount on the season ticket component of athletic tickets, employees will also receive a 20% discount on the per seat donation for tickets requiring a donation as well as on season parking passes. With these additional discounts, the overall out of pocket cost of the total seat may actually be less in some cases.



100 / 400 LEVELS

	Donation \$360 Ticket \$260	\$620
	Donation \$280 Ticket \$252	\$532
	Donation \$200 Ticket \$248	\$448
	Donation \$100 Ticket \$236	\$336
	Donation \$80 Ticket \$228	\$308
	Donation \$60 Ticket \$220	\$280
	ALUMNI SECTION Donation \$75 Ticket \$270	\$345
	Donation \$40 Ticket \$180	\$220
	Donation N/A Ticket \$160	\$160
	Donation N/A Ticket \$95	\$95
	Family Plan - 2 Adults / 3 Youth Donation N/A Ticket \$67 each	\$335
	Family Section Donation N/A Ticket \$80	\$80
	VISITING TEAM ALLOTMENT	
	STUDENTS	
	RECRUITS	

CLUB LEVEL

	LEGENDS* SUITES	\$1,980
	Donation \$1,316 Ticket \$264	\$1,580
	Field Club - West Endzone** Donation \$240 Ticket \$1,200	\$1,440
	Donation \$944 Ticket \$240	\$1,184
	Donation \$624 Ticket \$240	\$864
	Donation \$528 Ticket \$192	\$720
	Field Club - East Endzone Donation \$528 Ticket \$192	\$720

1. UM Employee discount not available on UM Alumni seats
2. Family Plan Sections (424 - 432) are ALCOHOL FREE

* Includes valet parking, food and non-alcoholic beverages
** Includes food and non-alcoholic beverages

**PRICES SHOWN INDICATE THE 20% DISCOUNT
ALL SALES ARE FINAL**

UNIVERSITY OF MIAMI EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____ Date: _____

Circle one: Medical - Admin./Staff Medical - Faculty Medical - UMMG Other Admin./Staff Other Faculty

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ E-mail: _____

This amount will represent payment for athletic season tickets (football) I have ordered through the Hurricane Ticket Office. **A \$20 handling fee will be added to all ticket orders. Football tickets and donations must be paid in full by Aug. 29, 2009.**

The IRS requires the Hurricane Club to deduct the value of member benefits from the amount of the gift for tax purposes.

of Tickets: _____ Type of Tickets: _____

Ticket Cost: _____ Donation: _____ + \$20 Handling Fee = Total: _____

I hereby authorize my employer to withhold and set apart a goal amount of \$ _____ beginning _____ for the **ticket portion of my football tickets.** [600]

I hereby authorize my employer to withhold and set apart a goal amount of \$ _____ beginning _____ for the **donation portion of my football tickets.** [798]

I am paid (must circle one): Monthly / Bi-Weekly

UM C#: _____ - _____ - _____

Signature: _____

MAIL / FAX TO:

University of Miami Athletic Department Hurricane Ticket Office
Interoffice Locator Code: 0820
Phone: (305) 284-CANE Fax: (305) 284-5031

FOR INTERNAL USE ONLY

Ticket Code: 600: Dates: _____ to _____

Gift Code: 798: Dates: _____ to _____

Period Amount: \$ _____ Goal: \$ _____

Period Amount: \$ _____ Goal: \$ _____