2001 Soccer Season Ticket Order Form

_____
Name

_____
Street

_____ _____ _____
City *State* *Zip*

(_____)-_____-_____
Day Telephone
(_____)-_____-_____
Evening Phone

_____
E-mail address

Season Tickets

	Quantity	Price	Amount
General Public	_____	$40.00	$_____
Youth (18 and under)	_____	$20.00	$_____
Family Plan (*2 Adults, and 2 youth*)	_____	$80.00	$_____
Handling Fee			**$ 5.00**
	Total Due		**$_____**

Payment
_____Make Checks Payable to UMC (University of Missouri)

_____VISA, MASTERCARD, DISCOVER (circle one)

Credit Card Number

_____

Expiration (month/year)

_____

Payment must accompany order.

Mail To:
Missouri Athletic Ticket Office
PO Box 675
Columbia, MO 65205

-or-

Fax To:
573-884-1677