

2001 Volleyball Season Ticket Order Form

Name

Street

City

State

Zip

(____) - _____
Day Telephone

(____) - _____
Evening Phone

E-mail address

Season Tickets

	<u>Quantity</u>	<u>Price</u>	<u>Amount</u>
General Public	_____	\$30.00	\$ _____
Youth (18 and under)	_____	\$15.00	\$ _____
Family Plan (2 Adults, and 2 youth)	_____	\$70.00	\$ _____
		Handling Fee	\$ <u>5.00</u>
		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: _____ -or-

Missouri Athletic Ticket Office

PO Box 675

Columbia, MO 65205

Fax To:

573-884-1677