

MIZZOU FOOTBALL

THE MIZZOU EXPERIENCE

Circle One of Five Hospitality Packages Located in the Hearnes Center

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Package 1

Five 8' Tables*/ 20 Chairs
Accommodates 25 People
Total Cost: \$300

Package 2

Seven 8' Tables*/ 35 Chairs
Accommodates 50 People
Total Cost: \$400

Package 3

Nine 8' Tables*/ 60 Chairs
Accommodates 75 People
Total Cost: \$500

Package 4

Thirteen 8' Tables*/ 80 Chairs
Accommodates 100 People
Total Cost: \$600

Package 5

Twenty 8' Tables*/ 125 Chairs
Accommodates 150 People
Total Cost: \$700

2011 Schedule

- Sept. 3 Miami (OH)
(Gold Rush/Band Day)
- Sept. 17 Western Illinois
*(Family Weekend/
Salute to America)*
- Oct. 15 Iowa State
(Homecoming Centennial)
- Oct. 22 Oklahoma State
- Nov. 12 Texas
- Nov. 19 Texas Tech
(Blackout)

If you plan to serve alcohol, you are required to complete the section below and also provide a certificate of insurance with \$1 million limit of liability naming the Curators of the University of Missouri as additional insured.

Catering must be provided by one of our exclusive restaurants, Please see the preferred caterer list to choose your food provider.

**Caterer tables are taken from the ordered quantity listed above. Please order additional tables for catering if needed.*

The Mizzou Experience Opens 3 hrs. Prior To Kickoff

For More Information or To Inquire About Special Sizes, Call Keith Soder - (573) 884-7238

Group Name

Contact Person

Address

City State Zip

Day Phone Day Fax

Email Address:

Game Date

Caterer:

Hospitality Pkg. # Pkg. Price =

Additional Tables x \$10.00 =

Additional Chairs x \$1.25 =

Total Order =

Mizzou Athletics Marketing Office
Mizzou Arena
1 Champions Dr. Suite 200
Columbia, MO 65211
Fax - (573) 884-8885

Order Date Payment Date

Payment Preference

Any order cancelled within 2 weeks of the game is subject to a 25% cancellation fee.

Payment Method CC Type

Name on Card

Card # Exp Date

Signature _____

Alcohol Permission Form

Primary group that will be attending (circle one)
Faculty/Staff Students Other

Department/Organization _____

Person Responsible _____

Address _____

Phone _____

All persons attending the activity must comply with applicable federal, state and university regulations. I accept personal responsibility for ensuring that university policy and state laws governing use of alcoholic beverages are complied with, and accept financial responsibility for the activity.

Signature of Responsible Person _____ Date _____

