



FACULTY/STAFF 2014 ATHLETICS FOOTBALL SEASON TICKET ORDER FORM

NAME	TCU ID	DEPARTMENT
E-MAIL	PHONE #	TCU BOX

<input type="checkbox"/> RENEW (max of 4 discounted tickets)	SEASON TICKETS WILL BE MAILED TO YOU AT THE TCU BOX ABOVE.					
<input type="checkbox"/> NEW EMPLOYEE SEASON TICKETS (max of 4 discounted tickets) Not available until after the renewal and upgrade period for returning season ticket holders has been completed.		QTY (max of 4)	DISCOUNT PRICE	QTY	FULL PRICE	AMOUNT
	WEST SIDE CHAMPIONSHIP		\$800		\$850	\$
	WEST SIDE PREMIUM		\$600		\$650	\$
	WEST SIDE FIELD & 200 LEVEL		\$300		\$350	\$
	WEST SIDE 300 LEVEL		\$350		\$400	\$
	WEST SIDE 400 LEVEL		\$250		\$300	\$
	EAST SIDE 100 LEVEL & 200 LEVEL ARMCHAIR		\$275		\$325	\$
	EAST SIDE UPPER-LEVEL		\$225		\$275	\$
	NON-SCHOLARSHIP RESERVED SEATING		\$200		\$250	\$
	FROG ZONE (SOUTH END ZONE GA SEATS)		\$160		\$200	\$
	GA PASS (Admission to women's basketball, baseball, volleyball and soccer) Must have one of the above football season ticket options to be eligible for GA Pass		\$100		N/A	\$

PAYMENT METHOD	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK (made payable to TCU)	<input type="checkbox"/> CREDIT	<input type="checkbox"/> PAYROLL DEDUCTION	+
CREDIT CARD #	EXP. DATE	SECURITY # (3 digit # on back)	<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	TICKET OFFICE PROCESS FEE	\$30.00
					\$

I _____ request the following transaction to be deducted from my pay. The amount will be divided over a six (6) month pay period beginning in July. In the event I am no longer employed by TCU, I also agree the unpaid balance will be deducted from my final check.

AMOUNT OF PAYROLL DEDUCTION I AM AUTHORIZING **TOTAL AMOUNT:** \$ _____

SIGNATURE	Season Ticket Account # (for returning season ticket holder)	DATE
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Maximum discounted quantity allowed is four (4) per faculty/staff season ticket account.

PLEASE RETURN TO THE ATHLETICS TICKET OFFICE TCU BOX 297600