

Seat Selection Proxy Form

This form is only necessary if you are NOT able to attend your personal selection time.

Please fill out and return to:

Seat Selection
Utah State Athletics Ticket Office
7600 Old Main Hill
Logan, UT 84322

Or email a signed copy to katiepiula27@outlook.com

OFFICE USE ONLY

Group: _____ Time: _____

Priority Points: _____

Customer Number: _____

Customer Name: _____

Sorry, I am not able to attend my assigned seat selection time.

I have given a copy of this proxy form to _____ who will be making a seat selection for me at my assigned time. (Proxy must show this form with picture I.D to make a selection)

I will allow the Utah State Athletics staff to select the best seats available from the choices below at my selection time. If my choices are not available, I wish to retain my current seats.

Choice 1: Sec.: _____ Row: _____ Seat(s): _____

Choice 2: Sec.: _____ Row: _____ Seat(s): _____

Choice 3: Sec.: _____ Row: _____ Seat(s): _____

Signature: _____ Date: _____

By signing this proxy form I agree to relinquish my seat selection rights to the individual(s) named above and/or give selection rights to Utah State University Athletics with the understanding that if none of my three (3) preferred seating options are available, I wish to remain in my current seats.