



UNLEASH THE EXPERIENCE 2011



The Bulldog Pack* \$200 Faculty/Staff \$160			
Football Season Ticket	Reserved	Number Ordered ____	\$
	Faculty/Staff	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Magic City Classic <i>Oct. 29 Birmingham, AL 2:30pm</i>	Reserved Seat \$25	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Optional: Season Parking Pass (Limit 1 pass per season ticket holder \$35)			
Basketball Season Ticket	Reserved	Number Ordered ____	\$
	Faculty/Staff	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Note: Processing fee must be paid before orders are completed.			Processing Fee \$ 10.00
			Total

*Basketball & Football Season Ticket

Football Only Season Ticket			
Football Season Ticket	Reserved \$125	Number Ordered ____	\$
	Faculty/Staff \$100	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Magic City Classic <i>Oct. 29 Birmingham, AL 2:30pm</i>	Reserved Seat \$25	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Optional: Season Parking Pass (Limit 1 pass per season ticket holder \$40)			
Note: Processing fee must be paid before orders are completed.			Processing Fee \$ 10.00
			Total
Basketball Only Season Ticket			
Basketball Season Ticket	Reserved \$100	Number Ordered ____	\$
	Faculty/Staff \$85	Number Ordered ____	\$
	Seating Preference: Sec. ____ Row. ____ Seat(s) ____		
Note: Processing fee must be paid before orders are completed.			Processing Fee \$ 10.00
			Total

First Name: _____ Last Name: _____

Street/P.O. Box: _____ City: _____

State: _____ Zip Code _____ Email: _____

Day Phone: _____ Evening Phone: _____

Method of Payment: ___ MasterCard ___ Visa ___ AMEX ___ Discover ___ Check ___ Cash

Card# _____ Exp. Date _____

Authorized Signature: _____



Mail or Fax order form to:

Alabama A&M University Ticket Office, P.O. Box 1597, Normal, AL 35762 | Fax 256-372-5372