



FACULTY/STAFF 2009 FOOTBALL SEASON TICKET ORDER FORM

NAME	TCU ID	DEPT.
E-MAIL	PHONE #	TCU BOX

<input type="checkbox"/> RENEW LAST SEASON LOCATION	SEASON TICKETS WILL BE MAILED TO YOU AT THE TCU BOX ABOVE.			
<input type="checkbox"/> NEW SEASON TICKETS <small>(IF NEW, PLEASE CHOOSE AREA)</small> <input type="checkbox"/> WEST SIDE LOWER DECK <input type="checkbox"/> WEST SIDE UPPER DECK <input type="checkbox"/> EAST SIDE	RESERVED FOOTBALL SEASON TICKETS	QTY.	PRICE	AMOUNT
			\$75 each	\$
	FROG PAD SEAT CUSHIONS (FOOTBALL ONLY) <small>(Must be ordered by July 31)</small>		\$35 each	\$
	ALL-SPORTS GA PASS (EXCLUDING FOOTBALL) <small>(General Admission seating for soccer, volleyball, basketball and baseball)</small>		\$25 each	\$

PAYMENT METHOD CASH CHECK (made payable to TCU Athletics) CREDIT PAYROLL DEDUCTION

CREDIT CARD #	EXP. DATE	SECURITY #
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(3 digit # on back of card)

- BIWEEKLY
 MONTHLY

PROCESS FEE	\$ 10.00
	\$

I _____ request the following transaction to be deducted from my pay. The amount will be divided over four pay periods for biweekly, or over two pay periods for monthly pay. 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	DATE
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SEASON TICKETS MAY BE PURCHASED FOR IMMEDIATE FAMILY MEMBERS LIVING IN YOUR HOME ONLY.

PLEASE RETURN TO THE ATHLETICS TICKET OFFICE TCU BOX 297600