



Account #: _____

Individual/Company Name: _____

Contact Name: _____

Mailing Address: _____

City / State / Zip: _____

Billing Address (*if different than mailing*): _____

City / State / Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

BELK COLLEGE KICKOFF GAME TAILGATE LUNCHEON

Price Area

Cost per Table / Individual

Tables / Individuals

Total Amount Due

| | | |
|-------------------------------------|-----------|---------------|
| <input type="checkbox"/> Table of 8 | \$ 550.00 | _____ = _____ |
| <input type="checkbox"/> Individual | \$ 75.00 | _____ = _____ |

Total Amount Due

Payment Options

- ☐ Check Check #: _____ Make Checks Payable to Charlotte Sports Foundation
- ☐ Cash
- ☐ Credit Card (Visa, MasterCard, AmEx or Discover)

Card #: _____ Exp. Date: ____ / ____ SEC: _____

Signature: _____

COMMENTS

FOR OFFICE USE ONLY

Order Date: _____

Initials: _____



CHARLOTTE SPORTS FOUNDATION

Charlotte Sports Foundation Ticket Office | 1447 S. Tryon Street | Suite 300 | Charlotte, NC 28203
Phone: (704) 644-4047 | Email: tickets@charlottesports.org