



2021 ILLINOIS FOOTBALL

COLONNADES CLUB MEMBER
SINGLE GAME PREMIUM SEATING ORDER FORM

MAIL COMPLETED FORM TO:
Illinois Ticket Office
1800 S. First Street
State Farm Center - Room 1000
Champaign, IL 61820

PHONE: 217/244-7722
FAX: 217/244-4170

	Nebraska 8/28/21 <i>Home Opener</i>	USTA 9/4/21	Maryland 9/17/21 <i>Hall of Fame Weekend</i>	Total
Colonnades Club*	\$125/ticket Qty:	\$100/ticket Qty:	\$125/ticket Qty:	
77 Club	\$560/ticket Qty:	\$510/ticket Qty:	\$560/ticket Qty:	
77 Club Group (min 10)^	\$535/ticket Qty:	\$485/ticket Qty:	\$535/ticket Qty:	
Value Suite (incl. 18 tickets)**	\$7,000/suite Qty:	\$5,000/suite Qty:	\$6,000/suite Qty:	

	Charlotte 10/2/21 <i>Foundation Weekend</i>	Wisconsin 10/9/21 <i>Homecoming</i>	Rutgers 10/30/21 <i>Dad's Weekend</i>	Northwestern 11/27/21	Total
Colonnades Club*	\$100/ticket Qty:	\$150/ticket Qty:	\$125/ticket Qty:	\$125/ticket Qty:	
77 Club	\$510/ticket Qty:	\$575/ticket Qty:	\$560/ticket Qty:	\$560/ticket Qty:	
77 Club Group (min. 10)^	\$485/ticket Qty:	\$550/ticket Qty:	\$535/ticket Qty:	\$535/ticket Qty:	
Value Suite (incl. 18 tickets)**	\$5,000/suite Qty:	\$7,000/suite Qty:	\$6,000/suite Qty:	\$6,000/suite Qty:	
*Illinois Premium Seating Member Price ^Seats may not be located together ** Further conditions apply for suites. Value Suite price listed. Other options available.					
ORDER FEE					\$12.00
TOTAL AMOUNT DUE					

- Placement of order does not guarantee tickets.
- The DIA reserves the right to reduce orders and/or issue refunds.
- Once an order is placed, no refunds or exchanges requested by the customer will be granted.
- Tickets will be mailed approximately 2 weeks prior to event date.
- The DIA is not responsible for travel arrangements made prior to confirmation of receipt of orders.
- All game dates and times are subject to change.
- Suite price include food and non-alcoholic beverages and 4 parking passes.
- 77 Club ticket includes food and non-alcoholic beverages.
- Prices subject to change.

- MC
- DISC
- VISA
- AMEX
- CASH (not by mail)
- CHECK (pay to University of Illinois)

EXP.												SEC. CODE:							

Authorized Signature: _____

Delivery Method: Will Call Mail E-mail

Name _____

Acct # _____

Address _____

E-mail _____

Season Ticket Location: _____

Special Instructions: