

2016 CHARTER BUS APPLICATION

SEMINOLE BOOSTERS, INC.

Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Phone: (B) _____ (C) _____

E-Mail: _____

TYPE OF PERMIT REQUESTED: _____ **Regular** _____ **Special**

If Special Permit – High School Band Name: _____

CONTACT PERSON, TITLE & PHONE NUMBER ON GAME DAY:

******THIS INFORMATION MUST BE COMPLETE BEFORE ISSUING A PERMIT******

Name: _____ Title: _____

Cell: (_____) _____

DATE	GAME	NO. OF BUSES	TOTAL COST
Sept. 10	Charleston Southern	_____ @ \$150 per bus	\$ _____
Oct. 1	North Carolina	_____ @ \$150 per bus	\$ _____
Oct. 15	Wake Forest	_____ @ \$150 per bus	\$ _____
Oct. 29	Clemson	_____ @ \$150 per bus	\$ _____
Nov. 11	Boston College	_____ @ \$150 per bus	\$ _____
Nov. 26	Florida	_____ @ \$150 per bus	\$ _____

TOTAL AMOUNT DUE: \$ _____

_____ Enclosed is a check made payable to **Seminole Boosters, Inc.**

_____ Credit Card: **Visa** () **MC** () **AMEX** ()

Card Number: _____ Exp. _____

Name on credit card: _____

Fax: 850/222-5929 OR Mail to:
Seminole Boosters P. O. Box 1353 Tallahassee, FL 32302

- ◆ **Everyone Must Have A Charter Bus Parking Permit In Order To Park Near The Stadium.**
- ◆ **Permits Are Nonrefundable.**
- ◆ **Permits are not mailed, they are issued when bus arrives to park on Champions Way**

 For Office Use Only

Date Received: _____ Confirmation sent: _____ Date Permit(s) Issued: _____
 Their Permit Number(s): _____ FUND: B7000-400