

2017 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. 9	Louisiana Monroe	_____ @ \$150 per bus	\$ _____
Sept. 16	Miami	_____ @ \$150 per bus	\$ _____
Sept. 23	NC State	_____ @ \$150 per bus	\$ _____
Oct. 21	Louisville	_____ @ \$150 per bus	\$ _____
Nov. 4	Syracuse	_____ @ \$150 per bus	\$ _____
Nov. 18	Delaware State	_____ @ \$150 per bus	\$ _____

TOTAL AMOUNT DUE: \$ _____

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

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

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