

2019 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. 7 | Louisiana Monroe | _____ @ \$150 per bus | \$ _____ |
| Sept. 21 | Louisville | _____ @ \$150 per bus | \$ _____ |
| Sept. 28 | NC State | _____ @ \$150 per bus | \$ _____ |
| Oct. 26 | Syracuse | _____ @ \$150 per bus | \$ _____ |
| Nov. 2 | Miami | _____ @ \$150 per bus | \$ _____ |
| Nov. 16 | Alabama State | _____ @ \$150 per bus | \$ _____ |

TOTAL AMOUNT DUE: _____ \$ _____

**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

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

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

Card Number: _____ Exp. _____

Name on credit card: _____