## UNIVERSITY OF NOTRE DAME 84TH FOOTBALL BANQUET

## Friday, December 3, 2004 Ticket Request Form

1.	Complete Customer Information:			
	Name:			
	Address:			
	City:			
	State: ZIP Code:			
	Telephone:			
2.	Specify Table Quantity:			
	Please Reserve Tickets @ \$40.00 each		Ticket Total:	\$
	Please Reserve Tables of Eight (8) at \$3	se Reserve Tables of Eight (8) at \$320.00 each		\$
3.	Make Check or Credit Card Payment:			
	Make Checks Payable to:	University of Notre Dame 2004 Football Banquet		
	or			
	Bill Credit Card (AX, MC, VISA) Account:			
	Precise Name Shown on Credit Card:			
	Expiration Date:			
	Signature:			
4.	Mail or FAX Completed Form to:			
	Ticket Office	FAX:	574-631-0854	
	113 Joyce Center Notre Dame, IN 46556	Telephone:	574-631-7356	
Fr	n order to accommodate mailing requirements and ensure striday, November 19, 2004. I/We cannot attend the Universy contribution of \$ for the Notre Dame Club	sity of Notre Dame	84 <sup>th</sup> Football Banque	t, but please accept