

UNIVERSITY OF NOTRE DAME
84TH FOOTBALL BANQUET
Friday, December 2, 2005

5:45 p.m. Reception in Joyce Center Concourse
7:00 p.m. Dinner in Joyce Center Fieldhouse

Ticket Request Form

1. Complete Customer Information:

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone: _____

2. Specify Ticket/Table Quantity:

Please reserve _____ tickets at \$40 each Ticket Total \$ _____

Please reserve _____ tables of eight at \$320 each Table Total \$ _____

3. Make Check or Credit Card Payment:

Make checks payable to: **University of Notre Dame 2005 Football Banquet**
or

Bill credit card (AX, MC, VISA) Account: _____

Exact name shown on credit card: _____

Expiration date: _____

Signature: _____

4. Mail or FAX Completed Form to:

Ticket Office
113 Joyce Center
Notre Dame, IN 46556

FAX: 574-631-0854

Telephone: 574-631-7356

In order to accommodate mailing requirements and ensure space available, all ticket requests must be received by **Friday, November 18, 2005**.

I/We cannot attend the University of Notre Dame 84th Football Banquet, but please accept my contribution of \$ _____ for the Notre Dame Club of St. Joseph Valley Scholarship Fund.