



CAF Account # \_\_\_\_\_ (if applicable)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (required) \_\_\_\_\_  
cell day evening

E-mail (required) \_\_\_\_\_

**I am interested in:**

- Men's Basketball Season Tickets in Downtown Arena: Number of Seats Requested \_\_\_\_\_
- If available, I am interested in men's basketball seats next year in Freedom Hall:  
Number of Seats Requested \_\_\_\_\_
- Women's Basketball Season Tickets in Downtown Arena: Number of Seats Requested \_\_\_\_\_
- I am also interested in women's basketball seats next year in Freedom Hall:  
Number of Seats Requested \_\_\_\_\_
- More information regarding the premium seat package which includes premier seats in the Downtown Arena and Papa John's Cardinal Stadium Expansion.

**Please Mail To:**  
**University of Louisville**  
**Cardinal Athletic Fund**  
**Louisville, KY 40292**  
**Fax: 502-852-0816**

Office Use ONLY: Priority Points _____ Date Received _____
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