



# Kansas Athletics Parking Pass Request Form

## Parking Pass Request Information

Date of request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Season/Sport: \_\_\_\_\_ Qty: \_\_\_\_\_ Event/Opponent: \_\_\_\_\_ Event Date: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

## Distribution Information

Will Call  Mail to Address: \_\_\_\_\_  
\_\_\_\_\_

Method of Mail/Tracking #: \_\_\_\_\_

## Payment Information

Complimentary

Approval by Athletic Director/Designee: \_\_\_\_\_

Check  Credit Card Last four digits: \_\_\_\_\_ **(Please call Ticket Office with full #)**

## Ticket Office Information Only

Parking area: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_