



CLUB CARD REDEMPTION FORM

Name (PLEASE PRINT): _____ TAF Member # (if applicable): _____

***** Cards and the completed form must be returned by January 18, 2019.*****

Please include the number located on the back of your Gift Card. You will only receive the balance remaining on the card numbers listed below:

If you have additional card numbers that do not fit in the box below, please attach a separate piece of paper.

Card Number _____

Card Number _____

Card Number _____

Card Number _____

Card Number _____

Card Number _____

Card Number _____

**OFFICE
USE ONLY**

Total:

Please Read Carefully

I understand I will only receive the balance remaining on the gift cards listed above and returned with the redemption form. I have listed the number of each card in the box above and included the cards in an envelope. I understand I will receive a refund in the form of a check, the check will be made out to the name printed on the top of the form and it will be mailed to the address I have listed below.

If you have any questions please call the Stadium Club Management Office at 225-578-0172.

Signature

Date

Address to send refund check

City

State

Zip

(_____) _____

Phone Number

**PLEASE MAIL THIS FORM AND
CARDS TO MAILING ADDRESS:**

**Tiger Athletic Foundation
Attn: Stadium Club
P.O. Box 711
Baton Rouge, LA 70821**