CLUB CARD REDEMPTION FORM

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

***** Cards and the completed form must be returned by January 15, 2021.*****

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