WHO: Alumni, Faculty, Staff, Students, and Friends Invited!
WHAT: SOM Tailgate – USC vs. Florida – Go Gamecocks!
WHEN: Saturday, November 16th - 3 hours prior to kickoff
WHERE: • ETV next to Williams Brice Stadium (same location as last year)
• Enter thru loading dock facing George Rogers Blvd; follow the signs (do not enter through main lobby).
• Look for SOM Banner
• BBQ inside with seating - If you want to sit outside on the lawn in front of ETV, bring your stadium seat, blanket or chair (chairs not allowed in stadium and cannot be left at ETV).

REGISTRATION FORM
Name for Name Tag: ______________________ Dept./Specialty: ______________________
Alumni ______; Faculty ______; Staff ______; Student ______; SOM Friends ______
Work Phone: __________ Home/Cell Phone: __________ E-mail: ______________________
Names for Name Tags: Spouse/Guests: ______________________
Child/Children: ______________________

TAILGATE TICKETS
Includes BBQ, fixins, & drinks: (# of tickets) ______ @ $25 per adult = $ __________
(# of tickets) ______ @ $10 child 10 yrs & under = $ __________
(# of tickets) ______ @ Children under 3 yrs = Free

~~~~~~~~~~~~~~ PARKING ON-YOUR-OWN ~~~~~~~~~~~~~~~

FOOTBALL TICKETS (Due to limited inventory, Tailgate registrants will be offered football tickets ahead of others. Beginning November 4th, tickets will be available to non-Tailgate attendees.)
(# of tickets) ______ @ $65 per person = $ __________

GIFT to USC School of Medicine Alumni Scholarship Fund .................. = $ __________
OR the fund of your choice: .............................................. = $ __________

Tickets will be mailed to Billing Address unless different mailing address in entered below:

Mailing Address: ______________________

Please make your check payable to the University Foundations or pay by credit card below:

_________________________ American Express ___________ Discover ___________ Visa ___________ MasterCard ______ (# ______)Check ______ Cash ______
Card Number: ________________ Exp. Date: ______ TOTAL: $ ______
Name on card (PRINT): ______________________
Charge Card Billing Address: ______________________ City: ______ State: ______ Zip: ______
Signature: ______________________

Fill out and print electronic form. Then fax to (803-216-3330); or mail to Alumni Office, Bldg 3, USC School of Medicine, Columbia, SC 29208; or call the Alumni Office at 803-216-3303/3309.