



**The University of Mississippi
Museum and Historic Houses**

2024 Baseball Parking Registration Form

Date: _____

Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

Mailing Address _____

City _____

State _____

Zip _____

Telephone Number _____

E-mail _____

2022 Season Parking Pass: \$275

Additional Donation Amount: \$ _____

Payment Method:

CHECK ENCLOSED.

Make checks payable to: The University of Mississippi Foundation

PLEASE CHARGE MY: Visa Mastercard American Express

Account number: _____ Security code: _____ Exp: _____/_____
month year

Signature _____

Mail Game Day Parking Registration Form to:

University of Mississippi Museum

attn: Andrea Drummond

P.O. Box 1848

University, MS 38677

museum.olemiss.edu | 662.915.7073 | museum@olemiss.edu

FOR OFFICE USE ONLY:

Payment Received _____

Parking Space Number _____