

## The University of Mississippi Museum

## 2025 Baseball Parking Registration Form

Date:		
□ Dr. □ Mr. □ Mrs. □ Ms.		
First Name	Last Name	
Mailing Address		
City	State	Zip
Telephone Number		
E-mail		
2025 Season Parking Pass: \$275		
Additional Donation Amount: \$		
Payment Method:		
☐ CHECK ENCLOSED.  Make checks payable to: The University of Mississippi Foundation	on	
□ PLEASE CHARGE MY: □ Visa □ Mastercard	☐ American Express	
Account number:	Security code:	Exp:/ month year
Signature		ilional ,
Mail Game Day Parking Registration Form to:		
University of Mississippi Museum attn: <b>Campbell Sandlin</b>		
P.O. Box 1848		
University, MS 38677		
museum.olemiss.edu   662.915.7073   museum@olemiss.edu		
FOR OFFICE USE ONLY:		
Parking Space Number		