

# GATOR BOOSTERS - REQUEST FOR TRANSFER OF TICKETS

Current Ticket Holder Name \_\_\_\_\_

Account # \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: In case of death, please note a photocopy of the death certificate is required**

Transfer Recipient #1 \_\_\_\_\_

Relationship to Ticket Holder \_\_\_\_\_ Account # (if known) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Seats to be transferred:

Sport \_\_\_\_ Sec \_\_\_\_ Row \_\_\_\_ Seats \_\_\_\_\_

Sport \_\_\_\_ Sec \_\_\_\_ Row \_\_\_\_ Seats \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Transfer Recipient #2 \_\_\_\_\_

Relationship to Ticket Holder \_\_\_\_\_ Account # (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Seats to be transferred:

Sport \_\_\_\_ Sec \_\_\_\_ Row \_\_\_\_ Seats \_\_\_\_\_

Sport \_\_\_\_ Sec \_\_\_\_ Row \_\_\_\_ Seats \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Gator Booster Office use only:**

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_