

# REQUEST FOR TRANSFER

## Please Print

Current Licensee Name: \_\_\_\_\_ Account ID # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Licensee Signature: \_\_\_\_\_

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**Name of Transfer Recipient #1**      Relation to Licensee      Address of Transfer Recipient #1

\_\_\_\_\_

Seats to be transferred:

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

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

\_\_\_\_\_

Day Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Transfer Recipient #1 \_\_\_\_\_

Account ID (if known) \_\_\_\_\_

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**Name of Transfer Recipient #2**      Relation to Licensee      Address of Transfer Recipient #2

\_\_\_\_\_

Seats to be transferred:

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

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

\_\_\_\_\_

Day Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Transfer Recipient #2 \_\_\_\_\_

Account ID (if known) \_\_\_\_\_

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**\*In case of death a photo copy of the death certificate must be provided.** Please include any other paper work that you feel is necessary to justify your reason for transferring the tickets. **ALL TRANSFERS WILL BE EFFECTIVE PRIOR TO MAILING OF SEASON TICKET RENEWAL INFORMATION.**

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FOR OFFICE USE ONLY:

Date approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date transferred: \_\_\_\_\_