SEASON TICKETS BEING TRANSFERRED							
SECTION	ROW	9	SEAT NUMBERS				
CURRENT ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE							
FIRST NAME			LAST NAME				
EMAIL							
ADDRESS LINE 1							
ADDRESS LINE 2							
CITY				STATE	ZIP		
I authorize the above seats to be transferred to the account holder listed below and understand that I must be an active John Purdue Club member and have attached documentation verifying a direct family relationship (sibling, grandchild, child).							
SIGNATURE				DATE			
NEW ACCOUNT	HOLDER						
FIRST NAME			LAST NAME				
EMAIL							
ADDRESS LINE 1							
ADDRESS LINE 2							
CITY				STATE	ZIP		
I authorize the above seats to be transferred from the account holder listed above to me and understand that I must be an active John Purdue Club member and have attached documentation verifying a direct family relationship (sibling, grandchild, child).							
SIGNATURE				DATE			
							
SEASON	TICKET TRANSF	ER FEES	PAYMENT INFORMATION				
110	100 M	QUANTITY OF SEASON TICKETS BEING TRANSFERRED					
	PER TICKET			PER SEASON TICKET (SEE MAP AT LEFT)			
115 Tamps	\$200 PERTICKET					OUE \$	
115	12 -02 -04 05 05 05 06 07 01 0 10	\$150 PER TICKET	VISA	Moster Card,		DISCOVER	AMERICAN EXPRESS
116	AK 20 -30 -40 50 40- 30- 20- 10 RS	\$100 PER TICKET	ACCOUNT #				
	NICOS	\$100 PER TICKET	EX. DATE		CCV		
*	159 159	\$100 PER TICKET			CCV		
all		\$100 PER TICKET	SIGNATURE				

Once completed, please send this form along with documentation verifying a direct family relationship to the Hayes Family Athletics Ticket office either via email at sporttix@athletics.purdue.edu or mail to the following address: