



SECTION		ROW		SEAT NUMBERS	
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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		

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			

ACCOUNT #			
EX. DATE		CCV	
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:
Hayes Family Athletics Ticket Office, Mackey Arena, 900 John R Wooden Drive, West Lafayette, IN 47907