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 I	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	EK FEES	PAYMENT INFORMATION				
109	100 100 100 100 100 100 100 100 100 100	QUANTITY OF SEASON TICKETS BEING TRANSFERRED					
	\$250 PER TICKET			PER SEASON TICKET (SEE MAP AT LEFT)			
113	\$200 PERTICKET					UE \$	
115	22 - 02 - 04 04 04 05 02 02 - 01 - 00 100 100 100 100 100 100 100	\$150 PER TICKET	VISA	Moster Card		DISC VER	AMERICAN EXPRESS
118	20 -30 -40 50 40- 30- 20- 10- B	\$100 PER TICKET	ACCOUNT #				
		\$100 PER TICKET \$100	EX. DATE		CCV		
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	124 127 127 128 129 130	\$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: