



PURDUE FOOTBALL SEASON TICKET TRANSFER FORM

SEASON TICKETS BEING TRANSFERRED

| | | | | | |
|---------|--|-----|--|--------------|--|
| SECTION | | ROW | | SEAT NUMBERS | |
|---------|--|-----|--|--------------|--|

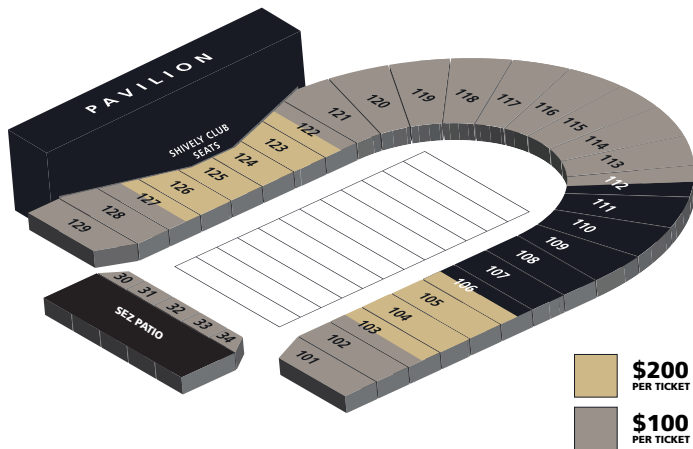
CURRENT ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE

| | | | |
|---|--|-----------|-----|
| 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 TRANSFER FEES



PAYMENT INFORMATION

| | |
|--|--|
| QUANTITY OF SEASON TICKETS BEING TRANSFERRED | |
| COST PER SEASON TICKET (SEE MAP AT LEFT) | |
| TOTAL DUE \$ | |

VISA
 MasterCard
 DISCOVER
 AMERICAN EXPRESS

| | | | |
|-----------|--|-----|--|
| ACCOUNT # | | | |
| EX. DATE | | CCV | |
| SIGNATURE | | | |

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

Purdue Athletics Ticket Office, Mackey Arena, 900 John R. Wooden Drive, West Lafayette, IN 47907