



PURDUE FOOTBALL SEASON TICKET TRANSFER FORM

SEASON TICKETS BEING TRANSFERRED

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

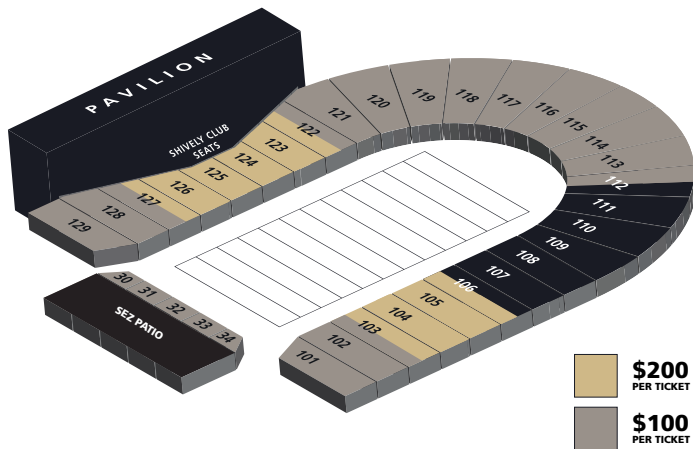
CURRENT ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE

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 \$	

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	DISCOVER	<input type="checkbox"/>	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