

UNIVERSITY OF MINNESOTA SEASON TICKET TRANSFER REQUEST FORM

Part I: To be completed by the current Season Ticket Account Holder (the Transferor)

The transferor hereby requests the transfer of the seat location(s) identified above to the Transferee. Transferor acknowledges that the transfer will be complete only upon approval by the University of Minnesota.

Customer Number: _____ (For Office Use Only)

Customer Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

Email: _____

Relationship to Transferee: _____ (Please Provide Proof of Relationship)

By signing this Transfer Request Form, I knowingly and voluntarily: (i) represent to the University of Minnesota and the Transferee that I am the account holder of record and have the authority to transfer this account; (ii) agree that the effect of this transfer request, if approved by the University of Minnesota, will transfer, assign, and relinquish interest to the seat location(s) and (iii) release the University of Minnesota from any further obligation or liability to me with the respect to seat location(s) identified above.

Signature: _____ Date: ____/____/____

Seat Location(s) to be transferred: Sport: _____
Section: _____ Row: _____ Seat(s): _____
Section: _____ Row: _____ Seat(s): _____

Part II: To be completed by the new Season Ticket Account Holder (the Transferee)

The transferor hereby requests the transfer of the seat location(s) identified above to the Transferee. Transferor acknowledges that the transfer will be complete only upon approval by the University of Minnesota.

Relationship to Transferor: _____ (Please Provide Proof of Relationship)

Customer Name: _____ Customer Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

Email: _____

By signing this Transfer Request Form, I knowingly and voluntarily: (i) agree to accept the transfer of the seat location(s) described above; (ii) upon approval of the transfer by the University of Minnesota, agree to assume all obligations of the transferring party with respect to the above described seat location(s) including all terms and conditions of holding season ticket(s); (iii) agree to abide by all applicable rules and regulations of the University of Minnesota, including rules and regulations relating to the revocation of individual tickets, season tickets; and (iv) release the University of Minnesota from any further obligation or liability to me with respect to the transfer set forth in this document. Transferee acknowledges that the transfer will be complete only upon approval by the University of Minnesota.

Signature: _____ Date: ____/____/____

ALL DECISIONS RELATING TO APPROVAL OR DISAPPROVAL OF TRANSFER REQUEST ARE IN THE SOLE DISCRETION OF THE UNIVERSITY OF MINNESOTA. NOTICE OF APPROVAL OR DISAPPROVAL WILL BE SENT TO BOTH THE TRANSFEROR AND TRANSFEE. ALL DECISIONS SHOULD BE CONSIDERED FINAL.

Please Return Form To: Athletics Ticket Sales Office
Mariucci Arena
4 Oak Street SE
Minneapolis, MN 55455-2005

Transfer Approval: (For Office Use Only)

Approved By: _____ Title: _____

Processed By: _____ Date: ____/____/____