



NEW ORLEANS SAINTS

5800 AIRLINE DRIVE, METAIRIE, LA 70003 ✦ PHONE: (504) 731-1700 ✦ FAX: (504) 731-1707

TRANSFER OF TICKETS

Photo IDs of the Transferor (Current Ticket Holder) and Transferee (New Ticket Owner) MUST BE provided with this form to complete the request.

This form officially acknowledges the transfer of Season Tickets from the Transferor to the Transferee. The Transferor hereby relinquishes all rights and privileges associated with the Season Tickets currently on Transferor's account. The Transferee hereby accepts the transfer of Season Tickets and will be assigned a new account number. If either the Transferor or Transferee is under a company name, authorization must also be written on official company letterhead with signature of a senior company official other than the Transferor/Transferee. In the event of a death of a Season Ticket Holder, a transfer is possible with a certified copy of the death certificate of the deceased Season Ticket Holder. The Transfer Form must be signed by the Executor or Administrator of the deceased Ticket Holder's estate; and the Executor or Administrator must submit official evidence of his/her capacity. Only transfers within the immediate family retain the original acquisition date. Allow up to 3 weeks for a transfer request to be approved and processed. Transfers are only processed during the NFL offseason through June 1, at which point any transfer requests would have to be re-submitted the following offseason. The terms and conditions of Season Ticket Transfers are subject to change without notice.

TRANSFEROR (CURRENT TICKET OWNER):

Section(s): _____ Row(s): _____ Seat(s): _____

Section(s): _____ Row(s): _____ Seat(s): _____

Parking Level: _____ Row(s): _____ Spaces(s): _____

Account Number: _____

Primary Account Name: _____

Secondary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Would you like to transfer money from your account to the transferee's account? NO YES in the amount of \$ _____

Signature of Transferor: _____ Date: _____

TRANSFEEE (NEW OWNER):

Primary Account Name: _____

Secondary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Alt. Phone: _____

Fax: _____ E-mail: _____

Signature of Transferee: _____ Date: _____

For office use only

Processed By: _____ Process Date: _____