NEW ORLEANS SAINTS

5800 Airline Drive, Metairie, LA 70003 ⚜ Phone: (504) 731-1700 ⚜ Fax: (504) 731-1707

Transfer of Tickets Form

Please attach photo ID of both the Transferor (Current Ticket Owner) and Transferee (New Ticket Owner).

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. 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 processed during the NFL offseason starting in February and ending on the final season ticket payment deadline (typically in late May/early June), 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: _____

Money to Transfer: $ _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

Cell Phone: _____ **E-mail:** _____

Signature of Transferor: _____ **Date:** _____

Transferee (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:** _____