2017 Football Season Ticket Transfer Form

Current Season Ticket Holder Information *(Transferor)*

Account Name: _____ Account #: _____

Email: _____ Phone: _____

New Season Ticket Holder Information *(Transferee)*

Account Name: _____ Account #: _____
(will assign if new)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Number of Seats to be Transferred: _____ **(minimum of 2, maximum of 10, per account)**

Section: _____ Row: _____ Seat #'s: _____ Transfer Fee: _____ Per-Seat Donation: $ _____

Section: _____ Row: _____ Seat #'s: _____ Transfer Fee: _____ Per-Seat Donation: $ _____

Section: _____ Row: _____ Seat #'s: _____ Transfer Fee: _____ Per-Seat Donation: $ _____

Payment Information:

Check/Money Order: Payable to *WVU Athletics*

Credit Card: American Express MasterCard Visa Discover

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Total Transfer Fee: $ _____

2017 Per-Seat Gift Total: $ _____

Additional 2017 Annual Fund/Priority Seating Gift: $ _____

Season Ticket Payment (Number of Tickets _____ x $365 each): $ _____

$ _____ $25 Order Fee

Total Enclosed: $ _____

By signing below, you agree that the above information is correct and agree to transfer the above season ticket(s) for West Virginia University football in accordance with all Department of Intercollegiate Athletics season ticket transfer guidelines.

_____ _____

Current Account Holder Date Recipient Account Holder Date

Both the transferee and transferor must submit a copy of a valid driver's license or state issued ID along with this application.

Mail completed form and payment to:
Ticket Transfer, Mountaineer Athletic Club, PO Box 0877, Morgantown, WV 26507-0877

FOR OFFICE USE ONLY

Location Verified _____ Account Verified/Created _____ Tickets Transferred _____ Email Confirmation Sent _____