

LOST / STOLEN TICKET REQUEST FORM

Premium Seating

REQUEST DATE _____ REQUESTED BY _____

ACCOUNT NUMBER _____

ACCOUNT NAME _____

GAME DATE	NUMBER OF SEATS	SECTION, BOX OR SUITE	ROW	SEAT	AMOUNT DUE

TICKETS WERE:

- LOST STOLEN DESTROYED OTHER (EXPLAIN BELOW)

METHOD OF PAYMENT:

- WAIVE CHARGE (WHITE SOX APPROVAL REQUIRED) _____
- CASH OR CHECK ON DAY OF GAME AT WINDOW
- CREDIT CARD AT TIME OF REQUEST _____ EXP: _____

NAME OF PERSON PICKING UP REPRINTS: _____

COMMENTS: _____

Reprinted tickets must be picked up on day of game. Affidavit, Request Form and payment must be completed before tickets can be picked up.

\$5 REPRINT CHARGE FOR EACH TICKET LOST (BY CUSTOMER)

PLEASE FAX TO 312.674.5140 ATTN: MARIBETH REESE