

Football Season Ticket Transfer Request Form

Please Note: This form will not be processed without the proper notary seal.

1. CURRENT TICKET HOLDER:

Acct. No. _____ Telephone _____

Name _____

Address _____

City, State, Zip Code _____

2. TICKET LOCATION TO BE TRANSFERRED:

Sect. _____ Row _____ Seats _____ Total No. of Seats _____

3. TRANSFER TICKETS TO:

Name _____

Address _____

City, State, Zip Code _____

Telephone: (Day) _____ (Night) _____

E-mail: _____

4.

I hereby permanently relinquish any and all rights and privileges I may have as a Georgia Tech season ticket holder to the above named transferee. I attest that this transfer is not being made under false pretenses. I agree that in the event said transfer is made under false pretenses, as determined in the sole discretion of Georgia Tech, Georgia Tech may terminate the season ticket holder rights and privileges referred to above and this termination right is not subject to waiver or time limitation.

X _____ X _____
Current Season Ticket Holder (or Executor of Estate/P.O.A) Notary Public

State of: _____

Date Notarized: _____

Commission Expires: _____

If married:

I, the spouse of the above named current Georgia Tech season ticket holder, approve and consent to the above assignment.

X _____ X _____
Spouse of Season Ticket Holder Date

There is a \$100.00 transfer fee.

Name on Card: _____

Credit Card: _____ exp: _____

Please Note: This form will not be processed without the proper notary seal.
Deadline for submitting this form to the GTAA Ticket Office: March 31, 2007

Additional copies of this form are available at: ramblinwreck.com