



Delaware Football Season Ticket Transfer Application



Transfer Type: IMMEDIATE FAMILY FRIEND/OTHER

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

Present Account Holder (TRANSFEROR): Account #: _____

Account Name: _____

Daytime Phone: _____ Email: _____

Recipient Account Holder (TRANSFEREE): Account #: _____

Account Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Number of Seats to be transferred: _____ Number of Parking to be transferred: _____

Section: _____ Row: _____ Seat #s: _____ # of Tickets: _____

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Section: _____ Row: _____ Seat #s: _____ # of Tickets: _____

Parking Pass Location: _____ (maximum of 1 parking transfer per account)

By signing below you agree to transfer the above season ticket(s) and/or season parking for University of Delaware as indicated above in accordance with all transfer guidelines.

Present Account Holder

Date

Recipient Account Holder

Date

Recipient Account Holder Certification:

Recipient Initials

I agree that the above information is correct and understand that beginning with the 2011 Football Season and in all future years, I am now responsible for all purchase costs and donation requirements, in keeping with payment deadlines, which may be required to retain same seat/parking locations. I also understand that the University of Delaware reserves the right to revoke ticket and parking privileges as deemed necessary.

FOR OFFICE USE ONLY:

Date Received _____ Email Verified _____ Location Verified _____ Account Verified/Created _____