JACKSONVILLE JAGUARS SEASON TICKET HOLDER
TRANSFER REQUEST

As a courtesy to our season ticket members, Jacksonville Jaguars, LLC (the "Jaguars") offers you the opportunity to transfer a portion of your tickets. To validly do so, you must complete, sign, arrange for the transferee to sign, and return this form to the Jaguars (as directed below) by **May 12, 2025.**

CURRENT TICKET HOLDER INFORMATION (to be completed by current account holder):			
Name:		**Jaguars ID:**	
Phone:		**Email:**	
NFL Seasons Remaining Under Contract:		**Price of Tickets**: $	
Seats I currently have:	**Section**: _____	**Row**: _____	**Seat(s)**: _____
Seats I am keeping:	**Section**: _____	**Row**: _____	**Seat(s)**: _____
Seats I am transferring:	**Section**: _____	**Row**: _____	**Seat(s)**: _____
Seats to be released from my current account (if applicable):	**Section**: _____	**Row**: _____	**Seat(s)**: _____

I hereby request that the Jaguars transfer the ticket(s) to Jacksonville Jaguars home games for the seasons specified above (the "Transferred Tickets") to the undersigned transferee. I authorize the Jaguars to apply any payments in respect of the Transferred Tickets that I have made to payments to be made by the transferee in respect of the Transferred Tickets. I authorize the Jaguars to transfer a pro rata portion of any deposit that I have paid in respect of my tickets to the transferee's account. I acknowledge that I will not receive a refund from the Jaguars for any such amounts that I have hereby elected to transfer.

The undersigned requests that the Jacksonville Jaguars, LLC change the above referred account holder as follows:

Name(s) to be added: _____
Signature: _____Date: _____

Name(s) to be removed: _____
Signature:_____ Date:_____

NEW TICKET HOLDER INFORMATION (to be completed by transferee):

Name: _____Jaguars ID (if available): _____

Address: _____City: _____State: _____

Zip: _____ Phone: _____E-mail: _____

I understand and agree that I am assuming the tickets for the seats listed above in "Seats I am transferring".

PAYMENT:

___ **Monthly Installment Plan*** ___ **Lump Sum Payment in Full**

* Payments will be split in substantially equal installments from the first month of payment through July.
* Payments will begin in the month in which this form is properly and completely returned to and accepted by the Jaguars.

Amount per month: _____ # of Months: _____ End: **07/20/2025**

A Jaguars representative will contact you to obtain credit or debit card information.

___ **Pay As We Play Playoff Opt-In***

* If Jaguars hosts one or more home playoff games in the Stadium (other than a Super Bowl), you shall have the option to purchase tickets for use of all (but not less than all) the seats for all Jaguars home playoff games scheduled during the 2025/26 NFL season, at the price set by Club or the NFL, and upon such other terms and conditions and pursuant to such procedures as Club or the NFL establishes.

I have reviewed, understand and agree to the terms and conditions of the season ticket membership agreement between the transferring ticket owner and the Jaguars (the "Contract"). By renewing my season ticket membership, I agree to the terms and conditions set forth in https://static.clubs.nfl.com/image/upload/jaguars/lh7b9xr3fkobvufivfo6. I agree to assume responsibility for ticket payments and all other obligations under the Contract for the Transferred Tickets for the remainder of the term. I understand that my share of the security deposit (if applicable) may be applied to the final season of my Contract if I elect not to renew the term of the Contract.

Signature: _____ Date: _____

Name (print): _____

RETURN FORM BY MAIL: Ticket Operations, 1 EverBank Stadium Drive, Jacksonville, FL 32202
BY FAX: (904) 633-6338 or BY EMAIL: ticketing@jaguars.com

For Jaguars use only.
Jaguars representative approval: _____ Date: _____