



# NEW ORLEANS SAINTS

5800 AIRLINE DRIVE, METAIRIE, LA 70003 ✦ PHONE: (504) 731-1700

## REQUEST TO TRANSFER SEASON TICKETS

**Note: A transfer fee payment in the amount of \$250 must accompany each transfer form submitted. Only check payments will be accepted to pay this fee, payable to "New Orleans Saints".**

Each person signing a Request to Transfer must present current, non-expired, government issued identification that includes their photo and their signature. The Request to Transfer must be submitted by both parties, in person to the Saints Box Office, as available, located in Metairie, and must be accompanied with a transfer fee check payment in the amount of \$250, from either party. If circumstances do not allow both parties to be present, the parties may ask to submit a Request to Transfer by other means. Please note that new season tickets acquired in any given year must be held by an account holder for a minimum of two seasons in order to be eligible for transfer to another party. Whether a Request to Transfer is accepted, after being reviewed, is within the sole discretion of the Saints, and the parties will be notified. The new account will be assigned a new account number with the acquisition date matching the date that the Request was received, unless an alternate date is approved by the Saints, for example, those transfers occurring within immediate family. If either party represents a business account, the Request must also be accompanied by written authorization on company letterhead signed by a person other than the person to whom the tickets would be transferred and having the authority to so bind the business. In the event of the death of a season ticket holder, a Request to Transfer may be submitted by the Executor or Administrator of the deceased's estate and include official evidence of their capacity as Executor or Administrator as well as a certified copy of the death certificate and a signed Judgment of Possession; the \$250 transfer fee will be waived in the event of a season ticket holder's death. Requests to Transfer will only be accepted through June 3 for an upcoming season, at which point any transfer requests would have to be re-submitted the following off-season. Please allow up to 3 weeks for a transfer request to be approved and processed. If a Request is approved, all rights and privileges associated with being a Saints season ticket holder are transferred. Purported transfer of such rights and privileges by any other means is not valid and will not be honored by the Saints.

### TRANSFEROR (CURRENT TICKET OWNER):

Section(s): \_\_\_\_\_ Row(s): \_\_\_\_\_ Seat(s): \_\_\_\_\_

Section(s): \_\_\_\_\_ Row(s): \_\_\_\_\_ Seat(s): \_\_\_\_\_

Parking Level: \_\_\_\_\_ Row(s): \_\_\_\_\_ Spaces(s): \_\_\_\_\_

Account Number: \_\_\_\_\_

Primary Account Name: \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Would you like to transfer money from your account to the transferee's account?

Example: Transferee has recently paid money on the current owner's account and that money paid is to go to the Transferee's newly created account

YES in the amount of \$ \_\_\_\_\_

NO, the Transferee will be responsible for making all ticket payments on their newly created account.

Please note that by selecting this option, if Transferee does not pay the installment due by the invoice deadline, the rights to the tickets will be forfeited.

Signature of Transferor: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that by signing this completed form, all rights and privileges associated with the items specified above will be forfeited, and that this form will not be processed without a transfer fee check payment of \$250.*

### TRANSFEE (NEW OWNER):

Primary Account Name: \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Transferee: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that by acquiring the rights to the tickets above, I must adhere to all invoice payment deadlines or the rights to the tickets will be forfeited, and that this form will not be processed without a transfer fee check payment of \$250.*

For office use only    Approved By: \_\_\_\_\_    Approved Date: \_\_\_\_\_  
Processed By: \_\_\_\_\_    Process Date: \_\_\_\_\_