



SEASON TICKET TRANSFER FORM



Part I: To be completed by the current Season Ticket Account Holder (the Transferor)

The transferor hereby requests the transfer of the seat location(s) identified below to the Transferee. Accumulated priority points and donation history will remain with the Transferor. Transferor acknowledges that the transfer will be complete only upon approval by the UCFAA.

Account Number: _____
 Customer Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 (H) Phone: _____ (W) Phone: _____ (C) Phone: _____
 Email: _____
 Relationship to Transferee: _____

By signing this Transfer Request Form, I knowingly and voluntarily: (i) represent to the UCFAA and the Transferee that I am the account holder of record and have the authority to transfer this account; (ii) agree that the effect of this transfer request, if approved by the UCFAA, will transfer, assign, and relinquish interest to the seat location(s) and (iii) release the UCFAA from any further obligation or liability to me with the respect to seat location(s) identified above.

Signature: _____ Date: ____/____/____

Seat Location(s) to be transferred: Sport: _____
 Section: _____ Row: _____ Seat(s): _____
 Section: _____ Row: _____ Seat(s): _____

Part II: To be completed by the new Season Ticket Account Holder (the Transferee)

The transferee hereby accepts the transfer of the seat location(s) identified above from the Transferor. Accumulated priority points and donation history will remain with the Transferor. Transferee acknowledges that the transfer will be complete only upon approval by the UCFAA.

Relationship to Transferor: _____
 Customer Name: _____ Account Number _____ (if applicable)
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 (H) Phone: _____ (W) Phone: _____ (C) Phone: _____
 Email: _____

By signing this Transfer Request Form, I knowingly and voluntarily: (i) agree to accept the transfer of the seat location(s) described above; (ii) upon approval of the transfer by the UCFAA, agree to assume all obligations of the transferring party with respect to the above described seat location(s) including all terms and conditions of holding season ticket(s); (iii) agree to abide by all applicable rules and regulations of the UCFAA, including rules and regulations relating to the revocation of individual tickets, season tickets; and (iv) release the UCFAA from any further obligation or liability to me with respect to the transfer set forth in this document. Transferee acknowledges that the transfer will be complete only upon approval by the UCFAA.

Signature: _____ Date: ____/____/____

ALL DECISIONS RELATING TO APPROVAL OR DISAPPROVAL OF TRANSFER REQUEST ARE IN THE SOLE DISCRETION OF THE UCFAA. NOTICE OF APPROVAL OR DISAPPROVAL WILL BE SENT TO BOTH THE TRANSFEROR AND TRANSFEE. ALL DECISIONS SHOULD BE CONSIDERED FINAL.

Please Return Form To: UCFAA Ticket Office
 PO Box 163555
 Orlando, FL 32816-3555

Or Email:
 GoldenKnightsClub@athletics.ucf.edu

Transfer Approval: (For Office Use Only) Approved By: _____ Title: _____
 Processed By: _____ Date: ____/____/____