



**Saskatchewan Roughrider Football Club
SEASON TICKET TRANSFER APPLICATION FORM**

CURRENT TICKET HOLDER (Transferor):

Account # _____
Name _____ Phone _____
Full Address _____
Seniority _____ (only transferred if family)

SEAT LOCATION(S) TO BE TRANSFERRED:

Sec. _____ Row _____ Seats _____ - _____
Sec. _____ Row _____ Seats _____ - _____
Sec. _____ Row _____ Seats _____ - _____ Total # Seats _____

If applicable will the playoff credit transfer with the seats? Yes or no (circle one)

TRANSFER TICKETS TO (Transferee):

Account # _____ Seniority year: _____
Name _____
Full Address _____
Telephone # _____ Cell: _____
Email Address _____
Relationship to current ticket holder _____

I hereby permanently relinquish any and all privileges that I may have as a Saskatchewan Roughriders season ticket holder to the above named transferee. I attest that the relationship and information as listed and provided above is true and that this transfer is not being made under false pretenses or in an attempt to circumvent the Official Policy on Transfer of Riders Season Tickets. I agree that in the event said transfer is made under false pretenses, the Riders may terminate the season ticket holder privileges referred to above

X _____
Season Ticket Holder or Executor

Date: _____

X _____
Saskatchewan Roughrider Employee

Date: _____

Season ticket transfers are processed in October for the following football season. Transfer forms received after season tickets are printed will be held and processed the following year. Dates are subject to change based on season schedule.