



SEASON TICKET TRANSFER REQUEST FORM

MEMBER TRANSFERRING SEASON TICKETS

Name: _____ Tkt #: _____

Sport: _____ All Tickets Partial Tickets

Location of Seats Transferring: _____

Reason for Ticket Transfer (optional): _____

Signature: _____

INDIVIDUAL RECEIVING TICKETS

Relationship to Member (Ticket Holder): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone (optional): _____

Email Address: _____

** All fields are required unless otherwise noted.*

Fax or email this form the Bear Foundation to begin the season ticket transfer process.

Fax: (254) 710-3047

Email: [Bear_Foundation@baylor.edu](mailto: Bear_Foundation@baylor.edu)

For questions regarding ticket transfers, call the Bear Foundation at (254) 710-2582.