



# ST. LOUIS RAMS CLUB TRANSFER FORM

OPEN TRANSFER PERIODS: FEBRUARY 1<sup>ST</sup> TO MAY 15<sup>TH</sup>  
SEPTEMBER 1<sup>ST</sup> TO OCTOBER 31<sup>ST</sup>

Rams Club Memberships are fully transferable provided the account is in good standing. Transfers will only be processed during the periods above. **For one year (365 days) following the purchase of the Club Membership, the Club Seat holder cannot transfer the ownership of the Club Membership.** Transfers are subject to a transfer fee (detailed below). The Rams reserve the right to deny any transfer to any person, company or organization.

## PART I TO BE COMPLETED BY THE CURRENT CLUB SEAT HOLDER

- If account is in a business name, authorization on company letterhead signed by an officer of the business must be included.

Seat Location(s) to be transferred: Section: \_\_\_\_\_ Row: \_\_\_\_\_ Seat(s): \_\_\_\_\_

Original Club Membership Price: \$ \_\_\_\_\_ Current Lease Term: Lease Start: \_\_\_\_\_ Lease Expiration: \_\_\_\_\_

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

Business Name (if applicable): \_\_\_\_\_

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

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

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

Phone (Day): (\_\_\_\_\_) \_\_\_\_\_ (Evening): (\_\_\_\_\_) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II TO BE COMPLETED BY THE NEW CLUB SEAT HOLDER

New Account Number (to be assigned by the Rams): \_\_\_\_\_ or add to existing Account Number: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

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

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

Phone (Day): (\_\_\_\_\_) \_\_\_\_\_ (Evening): (\_\_\_\_\_) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- By signing this transfer form, the new club seat holder agrees to assume the current lease terms (noted above) and agrees to sign and accept all terms and conditions of the Rams Club Membership Agreement.

## PART III TRANSFER FEE (All Club Price Categories: \$100.00 transfer fee per transaction (one account holder to another account holder))

The Transfer Fee of \$ \_\_\_\_\_ is attached, or charge the credit card below. (please make checks payable to the St. Louis Rams)

CC #: MC V AE D \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name on Card: \_\_\_\_\_

Please return completed form and transfer fee to: St. Louis Rams Ticket Office - 901 North Broadway - St. Louis, MO 63101 - (314) 425-8830 FAX: (314) 342-5399

For ticket office use only: RCVD \_\_\_\_\_ CONTRACT \_\_\_\_\_ PSL \_\_\_\_\_ F \_\_\_\_\_ FEE \_\_\_\_\_ MEMO \_\_\_\_\_ INV \_\_\_\_\_