

Office of Intercollegiate Athletics • 1337 Lower Campus Road • Honolulu, Hawai`i 96822-2370

## REQUEST FOR TRANSFER OF UNIVERSITY OF HAWAII SEASON TICKET RIGHTS

l,	, hei	eby relinquish all r	ights and privileges of my	
University of Hawaii se	eason tickets for the fol	lowing:		
Sport:	Section:	Row:	Seats:	
Transfer From:		Transfer To	:	
Account Number		Account Nur	mber	
Name on Account		Name	Name	
Address		Address	Address	
City, State, Zip Code		City, State, 2	City, State, Zip Code	
Day Phone		Day Phone		
Email Address		Email Addre	SS	
Signature of Account Holder:		Date:		
<ul> <li>A \$50 adminis</li> </ul>	trative fee will be asso	essed for each tra	ansfer to another account.	
Visa M	asterCard Che	ck		
			/ / Exp Date	
paying via the internet, ple form(s).		the special comments	s involved in one mailing or one fax. If field and fax or mail in the transfer	

<sup>\*</sup> Please complete and return to: UH Athletic Ticket Office\*1337 Lower Campus Road\*Honolulu, HI 96822\* Phone#: (808) 956-4482 \* FAX#: (808)956-3403