



Season Ticket Transfer Policy and Request Form

Season ticket locations may be transferred to immediate family only (examples: parent to child, sibling to sibling, etc.). The season ticket holder transferring their seats must fill out this official ticket transfer form and file it with the Athletic Ticket Office. The new season ticket holder must make the appropriate Ahearn Fund contribution at the time of the transfer, **even if the original ticket holder has previously made the per-seat contribution as the Ahearn Fund contribution is non-transferrable.**

During each renewal period, season ticket holders may renew their ticket location, transfer their seats (within the guidelines of the season ticket transfer policy), or release their tickets back to K-State Athletics for sale in accordance with the department priority point system.

Please note that this form forfeits access to all tickets listed below by the previous owner (payment, receiving, etc). Priority points and contributions are non-transferrable and all point history will remain with the original season ticket holder at the time of the ticket transfer.

Name of Current Season Ticket Holder: _____ Account Number: _____

Address: _____ City, State, Zip: _____

Phone: _____ E-Mail: _____

SPORT (check one): ☐ FOOTBALL ☐ MEN'S BASKETBALL ☐ WOMEN'S BASKETBALL
☐ BASEBALL ☐ VOLLEYBALL ☐ SOCCER

I WOULD LIKE TO TRANSFER _____ (# OF TICKETS) SECTION: _____ ROW: _____ SEAT(S): _____

PARKING _____ (# OF SPOTS) LOCATION: EAST or WEST (circle one) STALL NUMBER _____

CAT CUSHIONS _____ (# OF CUSHIONS) SEAT LOCATIONS _____

Name of New Season Ticket Holder: _____

Relationship with recipient: _____ Account Number (if applicable): _____

Address: _____ City, State, Zip: _____

Phone: _____ E-Mail: _____

I understand that the cost of these tickets, including the appropriate Ahearn Fund donation, will be the responsibility of the new ticket holder. Payment must be made by the person whose name is on the account. All correspondence regarding these tickets will be sent to the attention of the new season ticket holder.

Signature of Current Season Ticket Holder _____ Date _____

Signature of New Season Ticket Holder _____ Date _____

MAIL TO: K-STATE ATHLETIC TICKET OFFICE, 1800 COLLEGE AVE, SUITE 146 MANHATTAN KS 66502

E-MAIL TO: tickets@kstatesports.com FAX TO: 785.532.7689 PHONE: 1.800.221.CATS/2287

Athletic Department Use Only:

Approval #1 _____ Date _____

Approval #2 _____ Date _____

Completed By: _____ Date Completed: _____ Batch Number: _____