



Kansas City Chiefs Season Ticket Transfer Form
 Transfer applications are accepted January 1 through April 30

Current Season Ticket Holder Information (please print)

Name: _____

Account Number: _____ **(required)**

Day Phone: _____ Evening Phone: _____

Please transfer: (check one)

____ My entire Season Ticket Account

____ Part of my Season Ticket Account

Specific Seat locations and/or parking to be transferred:

Section _____ Row _____ Seats _____ Parking _____

Season Ticket accounts may be transferred provided no payment is received by the transferor. I certify that no such payment has been received and agree to relinquish all ownership rights to above referenced season ticket locations and confirm all information given on this form is correct. Please call the Ticket Office at (816) 920-9400 with additional questions. If you are an existing Arrowhead Club member, or if your season ticket locations were secured in conjunction with membership to the VIP Tailgate, or Wolfpack Club, different transfer options apply. For details refer to your membership application/guidelines or call (816) 920-4502. For club level transfers, please contact Layne Feldman at (816) 920-4839.

Transferor's Signature _____ **Date** _____

New Season Ticket Holder Information (please print)

If the Transferee is currently a season ticket holder, please indicate the account #: _____

*Name: Dr. Mr. Mrs. Ms. _____

*Street Address: _____

*City: State: Zip: _____

*Day Phone: () _____ *Evening Phone: () _____

*Email Address: _____

Season Ticket Payment Options: Please select one

____ **Payment in full:** Cash ____ Money Order ____ Check ____

Please remember to include a \$10 service charge which is on all season ticket accounts in addition to ticket & parking costs.

CC# _____ Exp _____

Electronic Check: Bank Name _____

Account# _____ Routing# _____

____ **Enroll in EZ Pay:** CC# _____ Exp _____

Electronic Check Bank Name _____

Account# _____ Routing# _____

With EZ Pay, your credit card / bank account will be automatically charged bringing the account balance to:
 20% paid on receipt, 40% paid on 3/15, 60% paid on 4/15, 80% paid on 5/15, 100% paid on 6/15

Transfer Fee of \$250.00:

Cash _____ Money Order _____ Check _____ Include in EZ Pay _____

CC # _____ Exp _____

Return to: Kansas City Chiefs Attn: Transfers One Arrowhead Drive Kansas City, MO 64129

Office use only:	Verified By: _____	Date: _____	\$ _____
Priority # _____	Account # _____		