

Washington Redskins Account Transfer Request Form

Seat Location(s) to be transferred: Section: _____ Row: _____ Seat(s): _____

Parking Pass(es) to be transferred: Parking Lot: _____ Qty: _____

ALL DECISIONS RELATING TO APPROVAL OR DISAPPROVAL OF TRANSFER REQUEST ARE IN THE SOLE DISCRETION OF THE WASHINGTON REDSKINS. NOTICE OF APPROVAL OR DISAPPROVAL WILL BE SENT TO BOTH TRANSFEROR AND TRANSFEREE. NEITHER TRANSFEROR OR TRANSFEREE MAY REVOKE THIS AGREEMENT AFTER IT HAS BEEN RECEIVED BY THE WASHINGTON REDSKINS. ALL DECISIONS SHOULD BE CONSIDERED FINAL

Part I: To be completed by the current Season Ticket Account Holder (the Transferor)

The transferor hereby requests the transfer of the seat location(s) and parking pass(es), if applicable, identified above to the Transferee. Transferor acknowledges that the transfer will be complete only upon approval by the Washington Redskins.

Account Number: _____

Account Name: _____

Attention Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Relationship to Transferee: _____

By signing this Transfer Request Form, I knowingly and voluntarily: (i) represent to the Redskins and the transferee that I am the account holder of record and have the authority to transfer this account; (ii) agree that the effect of this transfer request, if approved by the Redskins, will transfer, assign, and relinquish interest to the seat location(s) and parking pass(es), if applicable; and (iii) release the Redskins from any further obligation or liability to me with the respect to seat location(s) and parking pass(es), if applicable identified above.

Signature: _____ Date: _____

Part II: To be completed by the new season ticket account holder (the Transferee)

Relation to Transferor: _____

Account Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

By signing this Transfer Request Form, I knowingly and voluntarily: (i) agree to accept the transfer of the seat location(s) and parking pass(es), if applicable, described above; (ii) upon approval of the transfer by the Redskins, agree to assume all obligations of the transferring party with respect to the above described seat location(s) and parking pass(es), if applicable, including all terms and conditions of holding season ticket(s); (iii) agree to abide by all applicable rules and regulations of the Redskins, including rules and regulations relating to the revocation of individual tickets, season tickets, and parking passes; and (iv) release the Redskins from any further obligation or liability to me with respect to the transfer set forth in this document. Transferee acknowledges that the transfer will be complete only upon approval by the Washington Redskins.

Signature: _____ Date: _____

Part III: To be completed by either Transfer or Transferee, and submitted with transfer fee:

There is a per seat transfer fee of \$100.00 which applies to all seat transfers. This transfer request is not complete and will not be approved by the Redskins until this fee has been paid in full. In the event the transfer is not approved, payment will not be processed.

Calculation: Number of Seats Transferred _____ X \$100.00 = \$ _____

Method of Payment: MasterCard American Express Check/Money Order (Make Payable to The Washington Redskins)

Credit Card/Check Number: _____ Exp.: _____

Name of Credit Card: _____ Signature of Cardholder: _____

**Return Form, Payment, and Legal Documentation Proving Relationship To:
FedExField Ticket Office, Attn: Transfer, 1600 FedEx Way, Landover, MD 20785
Phone: (301) 276-6050 ♦ Fax: (301) 276-6001**

Transfer Approval: (For Office Use Only)
040406

Approved By: _____ Title: _____
Processed By: _____ Date: _____