Season Ticket accounts can only be transferred or changed with the permission of the Seattle Mariners. All requests must be made in writing by the account holder of record and sent to the Seattle Mariners. The Seattle Mariners reserve the right to approve any such requests.

DATE		ACCOUNT NUMBER				
		CURRENT	ACCOUNT IN	FORMATION		
Primary Name			Secondary Name			
Address						
City			State Zip			
Day Phone			Evening Phone			
Cell Phone			Email Address			
		NEW AC	COUNT INFOI	RMATION		
Primary Name			Secondary Name			
Address			•			
City			State	Zip		
Day Phone			Evening Phone			
Cell Phone			Email Address			
Are you transferring your seats? (circle one)			Yes	No		
Loot Location Icl	Plan		Section	Row	Seats	
Seat Location(s)	Plan		Section	Row	Seats	
Are you adding part	tners? (c	ircle one)	Yes	No		
		First		Last		
Name(s) of partner				Last		
		First		Last		
Additional Notes:						
Signature				Date		

Mail completed/signed form to:

Seattle Mariners Sales Department P.O. Box 4100, Seattle, WA 98194

FAX: (206) 346-4450

Email: SeasonTicketHolder@Mariners.com

FOR INTERNAL USE ONLY

■ Approved	□ Rejecte
- Approved	