

Football Season Ticket Relocation Request Form

1. Acct. No. _____

2. Name _____

Address _____

City, State, Zip Code _____

Telephone: (Day) _____ (Night) _____

E-mail: _____

3. Requested Change (check one):

- I want to move my season tickets to a LOWER contribution level.

- I want to move my season tickets to a HIGHER contribution level.
You will be contacted ONLY IF seats become available in the area requested.

4. Ticket Location to be Changed:

Sect. _____ Row _____ Seats _____

I want to move these seats to (write in your order of preference – 1, 2, & 3):

_____ \$450 Lower West (Section 106)

_____ \$350 Lower West (Section 105, 107)

_____ \$300 Lower West (Section 104, 108)

_____ \$250 Upper East (Section 224, 225, 226)

_____ \$200 Lower East & West, Upper West
(Section 103, 109, 123, 127, 128, 204, 205)

_____ Club Seats (SOLD OUT)

(Section CL-1, CL-2, CL-3, CL-4)

_____ \$150 Lower East & West, Upper East
(Section 102, 110, 122, 129, 223, 227)

_____ \$100 Upper West (Section 203, 206)

_____ \$0 – No TECH Fund required

I understand that this request does not guarantee relocation.

5. X _____ X _____
Sign Date

6. Comments: (Please be specific when identifying seating change requests):

Mail to:
GTAA Ticket Office
150 Bobby Dodd Way NW
Atlanta, GA 30332

Fax: 404-894-3538

Deadline for submitting this form to the GTAA Ticket Office: March 31, 2008
Additional copies of this form are available at: ramblinwreck.com