

Athletics Season Ticket Transfer Policies

REV. 01/2021

All University of Montana Grizzly Athletics season ticket account transfer requests must be submitted in writing and signed by the current Season Ticket Holder or their legal representative, supported by such legal documentation as the University of Montana may reasonably request.

Full Priority Transfers

Season Ticket Holders may transfer all or any portion of their account priority to:

- A spouse or former spouse in the event of divorce or death
- An immediate family member (defined as a parent, child, grandchild or sibling only)
- A primary business owner if the season ticket account is held by a corporation or legal entity

Restrictions

- Transfers are only allowed to immediate family members as indicated above
- UM Faculty-Staff accounts fall under the same account transfer policies listed above. If a UM Faculty-Staff transfer is made to a non-UM Faculty-Staff member, the transferee is required to pay the full applicable ticket and GSA membership price.
- Parking passes are non-transferable and will not be included in the account transfer.
- “Grandfather” status is non-transferable except to a surviving spouse in the case of divorce or death. Upon completion of a transfer form, the transferee is required to pay the full applicable ticket and GSA membership price. Certain restrictions apply to Washington-Grizzly Stadium Donors and Pick-a-Seat Donors. Contact the GSA Office for details.

Request for Athletics Season Ticket Transfer

CURRENT TICKET HOLDER

Account #: _____ Name: _____

Company (if applicable): _____

Mobile Phone: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Street Address: _____

Street Address: _____

City, State, Zip Code: _____

Sport: _____ Seat Location: _____

Signature: _____ Date: _____

TRANSFeree - NEW TICKET HOLDER

Account # (if applicable): _____ Name: _____

Company (if applicable): _____

Mobile Phone: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Street Address: _____

Street Address: _____

City, State, Zip Code: _____

Reason/Explanation for Request (Attach additional documentation as needed):

Ticket Office Use ONLY: Approved Denied Initials: _____ Date: _____