

**ST. LOUIS CARDINALS
BALLPARK FOUNDERS AGREEMENT TRANSFER FORM**

Section	Row	Seat Numbers

NO TRANSFER OF THE BALLPARK FOUNDERS AGREEMENT ("FOUNDERS AGREEMENT") WILL BE EFFECTIVE UNTIL ST. LOUIS CARDINALS, LLC ("LICENSOR") HAS BEEN PROPERLY NOTIFIED OF THE TRANSFER THROUGH THE DELIVERY OF A PROPERLY COMPLETED TRANSFER FORM APPROVED BY LICENSOR, THE LICENSOR HAS APPROVED THE TRANSFER IF APPROVAL IS REQUIRED UNDER THE FOUNDERS AGREEMENT, THE TRANSFEREE HAS ASSUMED IN WRITING ALL OBLIGATIONS OF THE LICENSOR UNDER THE FOUNDERS AGREEMENT, AND THE TRANSFER HAS BEEN RECORDED ON THE BOOKS OF LICENSOR.

PART I TO BE COMPLETED BY THE CURRENT LICENSEE (CURRENT OWNER)

If account name is in a business name, a letter on company letterhead signed by an officer of the business must accompany this transfer form.

Account Number: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
E-mail Address: _____
Amount of the Seat Deposit which remains unpaid: \$ _____
Season ticket funds to be transferred: \$ _____
Signature: _____ Date: _____

PART II TO BE COMPLETED BY THE TRANSFEREE (NEW OWNER)

By signing this transfer form, the new transferee agrees to accept all terms and conditions of the Founders Agreement and assume all obligations of the Licensee under the Founders Agreement, including, without limitation, the obligation to pay any unpaid portion of the Seat Deposit.

New Account Number: (To be assigned by the Licensor) _____
Business Name: (For Corporate Accounts Only) _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
E-mail Address: _____
Signature: _____ Date: _____

PART III TRANSFER FEE

The Transfer Fee of \$250.00 per transaction will be charged regardless of whether the transfer is approved by the Licensor. The aggregate Transfer Fee is \$250.00 per transaction regardless of the number of tickets being transferred per transaction

The Transfer Fee of \$250 is attached, or charge the credit card below. (Please make checks payable to St. Louis Cardinals, LLC)

CC#: MC V AE D _____ Exp. Date: _____
Signature: _____ Name on Card: _____

Please mail your Transfer Form to:

**St. Louis Cardinals Ticket Office
Attn: Ballpark Founders Transfers
700 Clark Street
St. Louis, MO 63102**