



# Carolina Panthers Replacement Ticket Request Form



Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_  
*(Please Print Clearly)*

Contact Name: \_\_\_\_\_

Day Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_

Evening Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

### Replacement Ticket Request Information

Specific Game for Reprinted Tickets:  
*\*\*\* One Form Per Game \*\*\**

Opponent: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Seats to be Reprinted:

Section	_____	Row	_____	Seats	_____ - _____
Section	_____	Row	_____	Seats	_____ - _____
Section	_____	Row	_____	Seats	_____ - _____

Will Call Name: \_\_\_\_\_  
*(Please Print Clearly)* *\*\*\* Tickets may only be held in ONE name \*\*\* PHOTO ID REQUIRED \*\*\**

### Reason for Replacement Tickets / Additional Information:

- Lost
- Stolen *\*\*\* Must provide copy of police report \*\*\**
- Damaged
- Tickets Left at Home
- Other - Please Specify below  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned requests the Carolina Panthers to issue a replacement ticket for entry and seating for their PSL seat location for the above mentioned game. The undersigned agrees to hold harmless the Carolina Panthers, its employees and affiliated corporations from and against any and all claims, suits, demands and damages which may be asserted against or incurred by the Carolina Panthers arising out of the issuance, disappearance, delivery or replacement of such tickets, or resulting from any false, incomplete or omitted statements by the understanding of the situation by the Carolina Panthers.

Authorized Signature: \_\_\_\_\_  
*\*\*\* Must be signed by the individual whose name appears on the account \*\*\**

### Replacement Ticket Cost Information

#### 1st Request for Replacements

*No charge for first time replacements*

#### Additional Replacement Requests

Charge per Ticket	# Tickets	Total Amount Due
\$20.00	x _____	= \$ _____ -

### Payment Options

- Cash *(Must come to the Ticket Office during office hours) DO NOT MAIL CASH*
- Credit Card *(American Express, Visa, MasterCard or Discover)*

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

### For Office Use Only

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_