



Refund Rain Out/Cancellation Request Form 2019 Surprise Stadium

(Request must be submitted within 30 days of the cancelled ticketed event)

Patron Name: _____

Mailing Address: _____

Phone: _____

No. of tickets _____

(Original Tickets must accompany request)

Total Dollar Value _____

Date(s) of game _____

Original Method of Payment _____ Check _____ Cash

Credit Card # _____ Exp. _____

Billing Zip Code _____

**** IF REFUND IS APPROVED, A CREDIT WILL BE ISSUED TO THE ORIGINAL CREDIT CARD. FOR CHECK OR CASH PAYMENTS A REFUND CHECK WILL BE MAILED WITHIN 60 DAYS ****

*Refunds are only valid for Full Valued Priced tickets - complimentary, promotional or \$0.00 priced tickets are not eligible for exchange or refund.

Official Use Only

TICKETS REFUNDED

Process Date: _____

Method of Refund: _____

Check: # _____

Credit Card: _____

Processor Initial _____