

Toronto Symphony Orchestra Seat Transfer Request Form

Date: _____

Season: 2018/19

I, _____
First and Last Name

Patron Number

Address

Telephone Number

Authorizing Signature

Would like to transfer:

Series Section Row Seat Number(s)

To:

First and Last Name

Patron Number (If Applicable)

Address (Including City and Postal Code)

Day Time Telephone Number

Evening Telephone Number

Email Address

Fax Number

Using the Enclosed Payment(s):

Cheque

Credit Card: Visa / Mastercard / AMEX

Patron 1

Credit Card Number Expiry Security Code

Name (as it appears on the card)

Signature of Cardholder

Patron 2

Credit Card Number Expiry Security Code

Name (as it appears on the card)

Signature of Cardholder

This form can either be mailed with your subscription renewal, faxed to the Patron Services Department at 416-598-9522, or scanned and emailed as an attachment to contactus@tso.ca.

Please note that all transfer and payment information **must be submitted prior to or at the same time as** your renewal invoice or the transfer will not be completed.