



COLLINGWOOD MEMBERSHIP

TRANSFER OF SEAT FORM

Section One – Member Transferring Seat *(please note all fields are required)*

Name _____ Membership No. _____

Address _____

Phone (BH) _____ Phone (M) _____

Email _____

MCG Home Seat _____ MCG Away Seat _____

ES Home Seat _____ ES Away Seat _____

Section Two – Member Attaining Seat

Name _____ Membership No. _____

Address _____

Phone (BH) _____ Phone (M) _____

Email _____

Section Three - Transfer

I hereby give permission to the Collingwood Football Club to transfer my reserved seats as listed above into the name of:

I understand that by transferring the seat I am permanently relinquishing the seat and giving ownership to the member listed in Section two.

Print Name _____

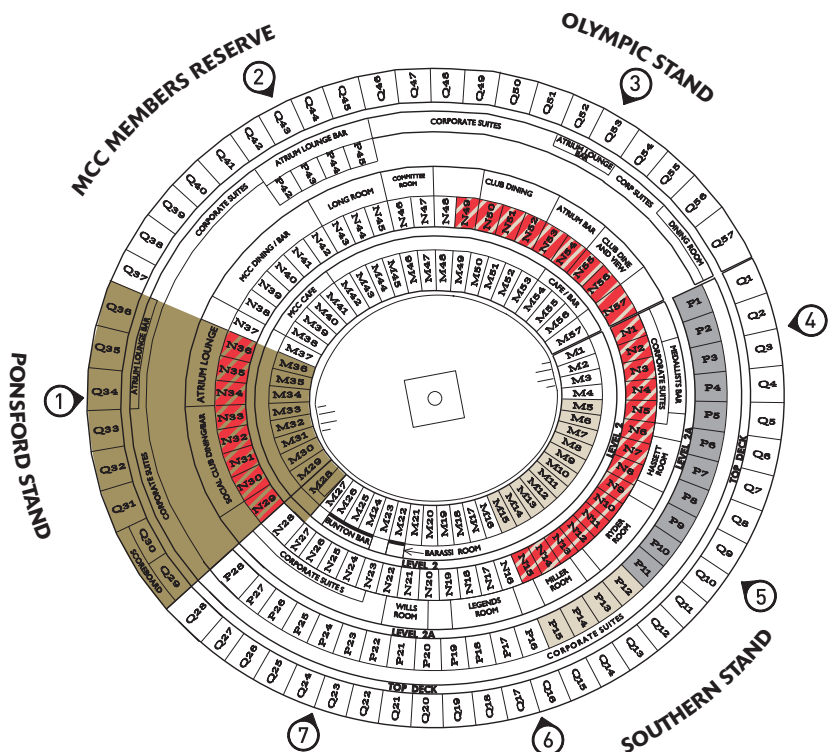
Signature of Member Transferring Seat _____ / / _____
Date

HOW TO SUBMIT YOUR REQUEST

- ✉ **BY MAIL** Please send your completed form for processing by Membership Services to: **Collingwood Membership, GPO Box 3257, Melbourne, VIC 3001**
- ✉ **BY EMAIL** Email your completed form for processing by Membership Services to: reservedseating@collingwoodfc.com.au

COLLINGWOOD MCG SEATING ALLOCATION

- Home & away seating allocation
- Home seating allocation
- 3 game seating allocation
- Unavailable (capacity reached)



Additional Terms and Conditions

This transfer of seat form must be completed in full with all contact information, seating details and member signatures required prior to submission to the Collingwood Football Club. Any members under the age of 18 can have their form signed by their parent or legal guardian. By signing this transfer of seat form all members are giving authorisation to the Collingwood Football Club to transfer their seats. Submission of this form is not a guarantee that the members will receive their requested seating.

