## **Toronto Symphony Orchestra Seat Transfer Request Form**

Date:	Season: 2022/23
I, (First & Last Name)	Patron Number
Address	
Telephone Number	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	□ Cheque Payment Plan (Upon Order, May 6, June 6) □Credit Card Payment Plan (Upon Order, May 6, June 6)
Credit Card Number	Expiry
Name (as it appears on the card)	Signature of Cardholder
This form can either be mailed with your subsc 416-598-9522.	cription renewal or faxed to the Patron Services Department at

Please note that all transfer and payment information **must be submitted at the same time as** your renewal invoice for the transfer to be completed.