

**TicketNetwork.com Buy in July Promotion  
Request for Reimbursement Form**

**Original Purchaser's**

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First name	Middle Initial	Last Name	
Address		City	State      Zip Code
Email Address		Telephone Number	

Below please list the required information for the Major League Baseball Ticket Orders you purchased on the Ticket Network Website during July 2014 and that you are now submitting for reimbursement. Please use the back of this form if you have more than five (5) Ticket Orders to submit.

<u>Date of Purchase</u>	<u>Confirmation Number</u>	<u>Number of Tickets</u>	<u>Home Team on Tickets</u>	<u>Dollar Amount of Order</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**Request for Reimbursement form and supporting documentation must be postmarked no later than November 30, 2014.**

The following required items must be mailed to the **Administrator** at:

Tickets  
P.O. Box 7690  
St. Clair Shores, MI 48080

- 1) A fully completed and signed Request for Reimbursement form,
- 2) Proof of **Eligible Purchase** (copy of electronic ticket with barcode or ticket stubs),
- 3) **Eligible Purchase** receipt showing tickets purchased and confirmation number for the purchase,
- 4) Any other documentation that may be reasonably requested by the **Administrator** to validate a claim.

Once all documentation is received, qualifying reimbursements will be paid by the **Administrator** by check in U.S. funds within ten (10) business days.

THE CLAIM INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*NOTICE: Any person who, knowingly and with intent to defraud any entity or other person, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any factual material thereto, commits a fraudulent act, which is a crime.*

*By signing below, I authorize TicketNetwork, the Administrator and all their authorized representatives to verify all information and documentation provided by me and contained in this Request for Reimbursement form. This Request for Reimbursement Form does not waive any of the terms and conditions of the Program.*

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<b>Original Purchaser's Signature</b>	<b>Date</b>
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