

BEARS

SEASON TICKET HOLDER/PRIORITY LIST CHANGE OF ADDRESS REQUEST FORM

For our records and your protection, please complete this form and return it to us along with a photocopy of *both sides* of one of the following forms of identification: **driver's license (need not show new address), state issued photo identification, or passport.**

Identification must be that of the Season Ticket Holder of record. If the season ticket account is in the name of a business, your request must be on company letterhead reflecting the new address, and signed by an officer of the business.

Account Number: _____

Name: _____

OLD ADDRESS:

Street _____

City _____ State _____ Zip _____

NEW ADDRESS:

Street _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ - _____ Ext. _____

Evening Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Email Address _____

Signature _____ Date _____

RETURN FORM TO:

CHICAGO BEARS TICKET OFFICE
1920 FOOTBALL DRIVE
LAKE FOREST, IL 60045-4829

Fax: (847) 615-2390

Email: ticketoffice@bears.nfl.net