



2020 REFUND REQUEST FORM

Confirmation Number: FHOF: _____

Can be found in the subject line of your confirmation email.

Customer Name: _____

Customer Mailing Address: _____

Customer Email: _____

Customer Phone: _____

Event to be Refunded: 2020 HOF Game 2020 Enshrinement Ceremony Both

Original Method of Payment: Credit Card Other

Additional Information: _____

Signature: _____ Date: _____

*Your refund will be processed in 6-8 weeks from your request date. Requests must be submitted by 07/31/2020.
For the most up-to-date information and details please visit ProFootballHOF.com/2020TicketOptions
or email 2020Tickets@ProFootballHOF.com*

*Please return completed form to
Attn: Jim Macris
Pro Football Hall of Fame,
2121 George Halas Dr. NW,
Canton, OH 44708*

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Office Use Only:

Processed by: _____ Date: _____

Accounting Code: 2009-000 Refund Amount: _____