



2021 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: _____

Section: _____ Row: _____ Seat(s): _____

Original Method of Payment: Credit Card Other

Additional Information: _____

I acknowledge that refunds will only be processed if the tickets were not scanned on event day.

Signature: _____ Date: _____

Your refund will be processed in 6-8 weeks from your request date.

Requests must be submitted by 6 p.m. on August 9, 2021.

*For the most up-to-date information and details please visit ProFootballHOF.com/21CFLTicketOptions
or email Refund@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: _____ Refund Amount: _____