



**Attn: Box Office Refunds**  
**700 Clark Street**  
**St. Louis, MO 63102**

**Instructions:**

- 1) Return the completed form with tickets to the address printed above.
- 2) Refunds are subject to the refund policy printed on the back of each ticket.
- 3) Tickets for games not played must accompany the refund request form.

*Note: Please allow 21 days after receipt for refund.*

**• OFFICE USE ONLY •**

<b>Date Processed</b>
<b>Total # of Tickets</b>
<b>Total \$ Amount</b>
<b>TSAE</b>

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**• Please list the Number of Tickets for each Location Returned •**

Game Date	# of Tickets	Section	Row	Seats

