

Toronto 2015 Ticket Request Form



Name: First: Last:

Address: Street:
 Apt/Suite:
 City: Prov:

Postal code:

Daytime phone #:

Email:

Ticketmaster Account Number
(if applicable)

Reason for refund request:

Request form must be accompanied by original tickets
Keep a copy of the form and tickets for your records
Refunds will be issued within 30 days of your request form being approved.

Mail to:
Toronto2015 Ticketing
25 Dockside Drive , 7th floor
Toronto ON
Canada
M5A 0B5

Deadline to Submit refund request is July 31, 2015