

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

**St. Louis Cardinals**  
**Attn: Box Office Post Season 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 & refund request form must be returned no later than December 31, 2022.
  - 4.) Tickets for games not played must accompany the refund request form.
- Note: Please allow 21 days after receipt for refund.

| # Wild Card | # NLDS | #NLCS | #WS | Game # | Section | Row | Seat(s) |
|-------------|--------|-------|-----|--------|---------|-----|---------|
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |
|             |        |       |     |        |         |     |         |

**Refund to:**

Apply to Season Ticket Account for Credit  
 (check one)  Yes, to Account Number: \_\_\_\_\_  
 No, Refund to Person Below

| Office Use             | # of Tickets | Price per Ticket | Total \$ of Each Type of Ticket |
|------------------------|--------------|------------------|---------------------------------|
| NL Wild Card Game      |              |                  |                                 |
| NL Division Series     |              |                  |                                 |
| NL Championship Series |              |                  |                                 |
| World Series           |              |                  |                                 |
| Refund Total           |              |                  |                                 |

**-Please Print-**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

