



First Name: _____

Last Name: _____

Billing Address: _____

City: _____

State: _____

ZIP code: _____

Where did you purchase your ticket? _____

Last 4 Digits of your Credit Card: _____

What type of ticket did you purchase? _____

Sign Here: _____

Date Here: _____



DIRECTIONS:

Please include the ticket within the envelope in order to collect a full refund.

Send ticket and form to:

KO Sports Group

ATTN: Ticket Refund

9601 SW 142ND AVE #121

Miami, FL 33186