UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO Case No. 5:17-cv-00472

www.2016 Hall Of Fame Game Class Action.com

GENERAL INFORMATION

This Claim Form is for Settlement Class Members. Settlement Class Members are all persons who paid for and/or acquired tickets to the 2016 NFL Hall of Fame Game, excluding those who accepted reimbursement from the Pro Football Hall of Fame by submitting completed copies of "The 2016 Pro Football Hall of Fame Game Reimbursement Election Form" to the Pro Football Hall of Fame, and all past and present employees, officers, and directors of the Pro Football Hall of Fame. To receive a payment from the Settlement, you must complete and submit this form.

HOW TO COMPLETE THIS CLAIM FORM

- submit this Claim Form to the Claims Administrator: (a) online There are two wavs to at www.2016HallOfFameGameClassAction.com; or (b) by U.S. Mail to the following address: Treviso v. National Football Museum, Inc. dba Pro Football Hall of Fame Settlement Administrator, c/o CPT Group, Inc. 50 Corporate Park, Irvine, CA 92606. Your Claim Form must be submitted by October 9, 2023. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by October 9, 2023.
- You must complete the entire Claim Form. Please type or write your responses legibly.
- If your Claim Form is incomplete or missing information, the Claims Administrator may contact you for additional information. If you do not respond by the deadline provided by the Claims Administrator for you to supply any such additional information, your claim may not be processed, and you may waive your right to receive money under the Settlement.
- You may only submit one Claim Form.
- Submission of the Claim Form does not guarantee payment. Your Claim Form must be approved by the Claims Administrator.
- If you have any questions, please contact the Claims Administrator by email at **2016HallofFameGame@cptgroup.com**, by telephone at **1-888-440-1255**, or by U.S. mail at the address listed above.
- You must notify the Claims Administrator if your contact or payment information changes after you submit your Claim Form. If you do not, even if you submit a valid claim under the Settlement, you may not receive your Settlement payment.
- **DEADLINE** -- If you submit a claim by U.S. mail, the completed and signed Claim Form must be postmarked by **October 9, 2023**. If submitting a Claim Form online, you must do so by **11:59 p.m. PST on October 9, 2023**.

INSTRUCTIONS AND DEFINITIONS FOR 'OPTION A' BELOW

- "Ticket(s)" means the actual documented amount spent by Settlement Class Members to purchase one or more ticket(s) to the Game, including processing, shipping and handling, and pre-sale reservation fees, <u>up to a maximum of \$250 per ticket</u>.
- "Transportation to Canton Area" means the actual documented amount spent by Settlement Class Members on airfare, train fare, or bus fare, up to a maximum of \$600 per person.
- "Lodging" means the actual documented amount spent by Settlement Class Members for hotel or other lodging costs for the Game incurred for room, Internet, parking and tax for no more than two (2) nights <u>up to a maximum of \$289 per night per room or unit</u>.
- "Ground Transportation" means the actual documented amount spent by Settlement Class Members for ground transportation to and from an airport in Cleveland, Canton, or nearby areas to be transported to Canton, <u>up to a maximum of \$100 per person</u>. Compensable ground transportation shall include rental car expenses, taxis and ride share (e.g., Uber, Lyft), shuttle buses and vans, and private car services.
- "Mileage" means, for those Settlement Class Members who drove to the Canton area to attend the Game in their own vehicle, the roundtrip mileage based on 2016 mileage reimbursement rates approved by the Internal Revenue Service from the Settlement Class Member's residence to Tom Benson Stadium in Canton, Ohio, as computed by Google Maps.
- "Parking" means the actual documented amount spent by Settlement Class Members for parking for the Game, <u>up to a maximum</u> of \$50 per vehicle.
- Documented Expenses shall not include any other expenses or forms of compensation other than those categories of expenses listed above. Accordingly, by way of example and not limitation, Settlement Class Members shall not be entitled to receive compensation under this Agreement for food and beverage, entertainment, souvenirs, gifts, lost earnings or vacation time, or emotional distress.
- Acceptable proof of expenditure documents includes, but are not limited to, invoices, receipts, bills, e-mail purchase or order confirmations, credit card statements, bank statements, and screen shots of purchase confirmations.

• For Settlement Class Members traveling in family and/or friend groups and sharing costs, the Settlement Class Members who actually paid the costs shall be entitled to compensation under Option A and thus must be the person(s) who submits a valid Claim Form with required documentation as described above.

INSTRUCTIONS AND DEFINITIONS FOR 'OPTION B' BELOW

- "Face Value of Ticket(s)" means the face value price of the Game ticket, plus processing and shipping and handling fees and presale reservation fees paid directly to the Pro Football Hall of Fame.
- In addition to the Face Value of Ticket(s), those Settlement Class Members who elect Option B are entitled to an <u>additional fixed</u> <u>amount of \$300 per Settlement Class Member</u>.
- Undocumented Expenses shall not include any other expenses or forms of compensation other than those categories of expenses listed above. Accordingly, by way of example and not limitation, Settlement Class Members shall not be entitled to receive compensation under this Agreement for food and beverage, entertainment, souvenirs, gifts, lost earnings or vacation time, or emotional distress.
- To receive compensation for Undocumented Expenses under Option B, a Settlement Class Member's Claim Form must be accompanied by written, photographic, or other documented proof that he or she purchased or acquired one or more tickets to the Game. This may include any form or type of documentation that demonstrates that the Settlement Class Member submitting a Claim Form purchased a ticket, possessed a ticket, and/or was present inside or near Tom Benson Hall of Fame Stadium for the Game shall be sufficient proof to satisfy the requirement of this Paragraph. Examples include a copy or photograph of the ticket, an e-mail confirmation of a ticket purchase or receipt of a ticket, or a photograph of the Settlement Class Member inside the stadium for the Game. These examples are provided for illustrative purposes and is not an exhaustive list of all types of documentation that may satisfy the requirement of this Paragraph.

CLAIM FORM

For INDIVIDUAL (NATURAL PERSONS) use only. Not for business claims.

See pages 1-2 for Additional Instructions and Definitions

PART 1: CLAIMANT INFORMATION																						
First Name of Class Member									M.I.													
Last Name of Class Member Phone Number																						
Class Member's (or Estate Representative's) Mailing Address: Number and Street or P.O. Box																						
City State Zip Code																						
Email Address																						

PLEASE ELECT AND COMPLETE ONLY ONE OF THE FOLLOWING OPTIONS:

PART 2: DOCUMENT EXPENDITURES										
OPTION A										
EXPENDITURE TYPE	EXPENDITURE TOTAL AMOUNT	PROOF OF EXPENDITURE								
Ticket(s)	\$	Attached Not Available*								
Transportation to Canton Area	\$	Attached Not Available*								
Lodging	\$	Attached Not Available*								
Ground Transportation	\$	Attached Not Available*								
Mileage	\$	Attached Not Available*								
Parking	\$	Attached Not Available*								
OPTION B										
EXPENDITURE TYPE	TOTAL VALUE	PROOF OF EXPENDITURE								
Face Value of Ticket(s)	\$	Attached Not Available*								

*If you do not provide proof of expenditure, you will not be eligible for a cash refund for that expenditure.

PART 3: SIGN AND DATE CLAIM FORM								
By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct, and that I have not submitted another Claim Form in connection with this								
Settlement and know of no other person having done so on my behalf.								
Signature of Class Member (or Estate Representative) Date (MM/DD/YYYY)								
Print Name								

Claims may be audited