



JUNIOR SHOTS CLUB



APPLICATION FORM 2016/17

PLEASE USE **ONE** FORM FOR **EACH** JUNIOR SHOTS CLUB APPLICATION

*Please provide two recent passport size photos and proof of age (**10 or under on 31.8.16**)

JUNIOR SHOT

| | | | |
|----------------------------------|--------|--|--|
| First Name | | Surname | |
| Address | | | |
| Postcode | | Date of Birth | |
| Relative of Season Ticket Holder | Yes/No | Free of Charge | |
| Membership at £10 per season | Yes/No | Cheque (made payable to Aldershot Town FC) or cash enclosed | |

SEASON TICKET HOLDER (if applicable)

| | | | | | |
|-----------------------------|--|--------------|--|------------|--|
| Relationship to Junior Shot | | Adult | | Concession | |
| First Name | | Surname | | | |
| Home Phone | | Mobile Phone | | | |
| Email | | | | | |

PARENT/GUARDIAN

| | | | |
|-----------------------------|--|-----------------------|--|
| Relationship to Junior Shot | | Title (ie Mr/Mrs etc) | |
| First Name | | Surname | |
| Address | | | |
| Home Phone | | Mobile Phone | |
| Email | | | |



JUNIOR SHOTS CLUB



APPLICATION FORM 2016/17

I would like (name) to be a member of the Junior Shots Club for the season 2016/17.

| | | | |
|--------------------------------|--|------|--|
| Parent or Guardian Signature | | Date | |
| Season Ticket Holder Signature | | Date | |

Photos

We would like to take photos of the Junior Shot Club members at various times throughout the season, which will be provided to you. However, we would also like to use these in promotional material for the Junior Shots but need your consent to do this.

I give permission for photos taken of (name) at any Junior Shot related event to be used in promotional material for the Junior Shots Club.

| | | | |
|------------------------------|--|------|--|
| Parent or Guardian Signature | | Date | |
|------------------------------|--|------|--|

It would be helpful for us to have some information about our Junior Shot members, such as favourite player, any other team supported, participation in any football team and position, other sporting interests, first Shots game, school, etc. Please can you provide a short paragraph in the box below (and on a separate sheet if necessary).

| |
|--|
| |
|--|

**Please submit form to ATFC Ticket Office, EBB Stadium, High Street, Aldershot GU11 1TW
EITHER IN PERSON OR BY POST. *Please make sure the form is signed and includes payment
if applicable, proof of age and x2 passport sized photos. Thank you.**

Application Number
(office use only)