State SHOT	ALDERSHOT TOWN SEASON TICKET APPLICATION FORM 2023-24 PLEASE USE <u>ONE</u> FORM FOR <u>EACH</u> SEASON TICKET APPLICATION PROOF OF ELIGIBILITY FOR CONCESSION SEASON TICKETS WILL BE REQUIRED
Mr Mrs	Miss Ms Other RENEWING NEW
FORENAME	SURNAME
ADDRESS INC POSTCODE	
DATE OF BIRTH	MOBILE PHONE

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TICKET DETAILS – PLEASE PRINT AND CIRCLE THE RELEVANT DETAILS OF YOUR TICKET

AREA	STAND	ROW	SEAT	ADULT	CONCESSION* (Active Forces / 66+/Young Person 18- 20/Disabled**)	Junior 12-17
SEATING	North East			£299	£262	£98
	North West			£299	£262	£98
	South Stand			£299	£262	£98
STANDING	East Bank			£299	£262	£98
	North West Terrace			£299	£262	£98
	North Stand Central			£299	£262	£98
	South Side Slab			£299	£262	£98
Hospitality	EBB Lounge	£1265				
	ELM Centurions	£920				
	Directors Box Seating			£	575	

*For Concession ST Application can you please make clear the reason for the application.

**Disabled Season Tickets can also apply for a carer season ticket. Could the Carer please fill in their own Season Ticket form but both be sent together.

PAYMENT DETAILS

I enclose a cheque for £_____ made payable to Aldershot Town Football Club

Cash/CARD - payable only in person at the Ticket Office - please do not post cash. Card details can be entered below or over the phone

BACS Transfer – Acc no. 21217284, Sort code 23-05-80 using ST & Surname as reference

SIGNATURE

Date

All Season Tickets will be dealt with on an individual basis. By signing this form you're agreeing to the terms and conditions of an Aldershot Town FC Season Ticket.

Tick here to agree to receive exclusive offers and marketing from Aldershot Town Football Club.

Please return to: Ticket Office, Aldershot Town Football Club, High Street, Aldershot, Hants, GU11 1TW or email admin@theshots.co.uk

The information contained in this form will be retained on a computer database under the conditions of the Data Protection Act 1984 and will be used solely to distribute information relating to Aldershot Town Football Club Ltd.

OFFICE USE ONLY	SEASON TICKET NUMBER	AMOUNT RECEIVED
PAYMENT METHOD: CASH / CHEQUE / BACS TRANSFER		DATE RECEIVED