



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)

ш	IN	IOR	SH	OT
J	7 I V		JII	\mathbf{c}

First Name			Su	rname				
Address								
Postcode			Da	te of Bir	th			
Relative of Season Ticket Holder			Yes/No		Free of Charge			
Membership at £10 per season		n	Yes/No		Cheque (made payable to Aldershot Town FC) or cash enclosed			
	SEA	ASON TICKET HO	LDE	R (if app	licable)			
Relationship to Junior Shot			Adult			Concession		
First Name				Surnam	ie			
Home Phone		Mobile		Phone				
Email								
	·	PARENT/G	ίUΑ	RDIAN				
Relationship to Junior Shot			Title (ie Mr/Mrs etc)					
First Name			Surname					
Address						•		
Home Phone				Mobile	Phone			
Email						•		





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eason Ticket Holder Signature hotos Ve would like to take photos of the season, which will be provide	the Junior Shot Club memb	Date	
Ve would like to take photos of the season, which will be provide	the Junior Shot Club memb		
ne season, which will be provide	the Junior Shot Club memb		
•		oers at variou	s times throughout
	ed to you. However, we wo	ould also like	to use these in
romotional material for the Jun	ior Shots but need your co	nsent to do t	his.
	•		
give permission for photos take	•		Junior Shot related
vent to be used in promotional	material for the Junior Sho	ots Club.	
arent or Guardian Signature		Date	
would be helpful for us to have avourite player, any other team ther sporting interests, first Sho aragraph in the box below (and	supported, participation in ots game, school, etc. Plea	n any footbal ase can you p	team and position,

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.