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| C:\Users\TEMP\Documents\Cover - ATFC badge.png | **Join us at the EBB Stadium for the 2020-21 Season****ALDERSHOT TOWN SEASON TICKET APPLICATION FORM 2020-21**PLEASE USE **ONE** FORM FOR **EACH** SEASON TICKET APPLICATIONPROOF OF ELIGIBILITY FOR CONCESSION SEASON TICKETS WILL BE REQUIRED |

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| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  | RENEWING |  | NEW |  |

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| FORENAME | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SURNAME | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ADDRESSINC POSTCODE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| DATE OF BIRTH | \_\_\_\_\_\_\_\_\_\_\_ | MOBILE PHONE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| EMAIL | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

To make use of the payment plan at least 1/3 of payment is required before the 30th April for the payment plan, full payment must be received by 30th June before prices revert to full price.

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| **AREA** | **STAND** | **ROW** | **SEAT** | **ADULT** | **CONCESSION\*****(Forces / 65+/Students/Young Person 18-21/Disabled\*\*)** | **Junior****12-17** |
| **SEATING** | **North East**  |  |  | £338 | £274 | £105 |
|  | **North West** |  |  | £338 | £274 | £105 |
|  | **South Stand** |  |  | £340 | £274 | £105 |
| **STANDING** | **East Bank** |  |  | £306 | £242 | £75 |
|  | **North West Terrace** |  |  | £306 | £242 | £75 |
|  | **North Stand Central** |  |  | £306 | £242 | £75 |
|  | **South Side Slab** |  |  | £306 | £242 | £75 |
| **Hospitality**  | **EBB Lounge** | £1242 (£54 per Game) |
|  | **ELM Centurions** | £874 (£38 per Game) |
|  | **Directors Box Seating** | £575 (£25 per Game) |

\*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.

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|  | I would like to make use of the payment plan and have submitted this amount as my first payment £\_\_\_\_\_\_\_ |

**PAYMENT DETAILS**

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|  | I enclose a cheque for £\_\_\_\_\_\_ made payable to Aldershot Town Football Club |

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|  | 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 |

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

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|  | Online via Club Shop |

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| 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.

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|  | 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.

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| **For use if you’ve you’re a New Season Ticket Holder and have not had a season ticket for the 2018-19 season or 2019-20 season.** **Have you been referred by a fellow season ticket holder? We need their details below**Their Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patron ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Their Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Card Payments not made in person.

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| **OFFICE USE ONLY** SEASON TICKET NUMBER \_\_\_\_\_\_\_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_\_\_\_\_\_\_**PAYMENT METHOD:** CASH / CHEQUE / BACS TRANSFER DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_Payment plan use. Payment 1 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment 2 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment 3 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment 4 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Amount to be charged £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Long Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARD Holders FULL Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Holders Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |