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| |  |  | | --- | --- | | C:\Users\TEMP\Documents\Cover - ATFC badge.png | **ALDERSHOT TOWN SEASON TICKET APPLICATION FORM 2020-21**  PLEASE USE **ONE** FORM FOR **EACH** SEASON TICKET APPLICATION  PROOF 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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| ADDRESS  INC 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**

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| **AREA** | **STAND** | **ROW** | **SEAT** | **ADULT** | **CONCESSION\***  **(Forces / 65+/Students/Young Person 18-21/Disabled\*\*)** | **Junior**  **12-17** |
| **SEATING** | **North East** |  |  | £382 | £309 | £119 |
|  | **North West** |  |  | £382 | £309 | £119 |
|  | **South Stand** |  |  | £382 | £309 | £119 |
| **STANDING** | **East Bank** |  |  | £345 | £273 | £85 |
|  | **North West Terrace** |  |  | £345 | £273 | £85 |
|  | **North Stand Central** |  |  | £345 | £273 | £85 |
|  | **South Side Slab** |  |  | £345 | £273 | £85 |
| **Hospitality** | **EBB Lounge** | £1334 (£58 per Game) | | | | |
|  | **ELM Centurions** | £8989 (£43 per Game) | | | | |
|  | **Directors Box Seating** | £632.50 (£27.50 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.

**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**](mailto: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 \_\_\_\_\_\_\_\_\_\_\_ |

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| Amount to be charged £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Long Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARD Holders FULL Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Holders Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |