

SEASON TICKET APPLICATION FORM 2010/11



PLEASE FILL IN ALL SECTIONS AND SEND OR DELIVER TO:

BRIGHTON AND HOVE ALBION TICKET OFFICE, 128 QUEENS ROAD, BRIGHTON, BN1 3WB

I would like to apply for a Season Ticket for the 2010/11 season

NAME (Mr/Mrs/Ms/Master) _____

Fan No.(if applicable) _____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE (Daytime) _____ MOBILE _____

*Date of Birth _____ Email address _____

** This field is mandatory. We will be unable to process your application without this information*

Adult Senior U21 U'16 U10

Ambulant Disability/Wheelchair Personal Assistant

N.B. Proof of age will be required for all concessionary tickets (Copy of Birth Certificate, Driving Licence, Passport or NUS card). Under 16 rate applies to those who have not reached their 16th birthday before 7th August 2010. Senior Citizen Rate applies to those who achieve their 65th birthday before 7th August 2010.

I intend to pay by the following method:

ONLINE (this option available for single payment for one year applications only)

Please go to the website at www.seagulls.co.uk and click on "Season Tickets"

Alternative methods

- By Cash/Cheque in Full
- In full by Credit Card/Debit Card/Switch
- By Credit Card/Debit Card/ Switch in 5 payments
(n.b. payment by instalments are not available after 10/06/10)

Credit/Debit Card/Switch No: _____ Start Date _____ Exp _____

Issue Number (Switch) _____ *Security Code(3 digits on reverse of card) _____

Please make sure you have filled in all the necessary credit card/debit card information. Your application cannot be processed if any of the above information is incorrect.

Please make your cheque payable to Brighton and Hove Albion FC and ensure that your name and full postal address is clearly written on the reverse Please note that a charge of £1.50 per season ticket will be added for postage and packaging. If you are paying by cheque, please add this to your total.

IF YOU WOULD LIKE TO SIT WITH FAMILY OR FRIENDS PLEASE FILL IN THIS SECTION

Please note that we will do our utmost to comply with these requests but cannot guarantee they will be met. Please do not fill in this section if you are not prepared to move to accommodate additional seats.

I would like to sit with (Name and Seat Number) _____

N.B. If you do not wish to renew your season ticket(s) please telephone the ticket office on 0845 4961901. Your call will greatly assist them with their relocation requests.

VITAL - WE NEED THIS INFORMATION

As part of our agreement with the Council we are obliged to keep a record of the registration numbers of cars used by our supporters. This information is used to demonstrate that cars parked within the parking cordon do not belong to supporters.

Car Registration Number/s (any vehicle you may use) _____

N.B . We must again stress that no car parking is allowed within the exclusion zone around Withdean Stadium, which will be rigorously stewarded. Non-compliance will result in severe penalties being imposed on the Club.

Please complete the following declaration:

I agree to abide by the Ground Regulations and any Local Regulations imposed at Withdean. I understand that if I am found to be in breach of these Regulations, ejected from the stadium, or convicted for any football related offence this could result in my Season Ticket and Away Membership being withdrawn and being banned from matches at Withdean.

Signed _____ Date _____

If you are posting this form and wish to receive confirmation of receipt, please enclose a stamped, self-addressed postcard.

Data Protection - The Club may wish to send you information regarding its activities and products from time to time. ***If you wish to receive this information via e.mail, please make sure you have filled in your e.mail address on the reverse of this form.*** If you do not wish to receive this information, please tick the box.

OFFICE USE ONLY
