

2014/15 Season Ticket Application Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian for Child Season ticket)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Season Ticket Type (Please put an X in the appropriate Box):

Adult ......... Concession ....... Child.......

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| (Please complete if for a Child Season ticket)  Ticket Type |  | No of tickets Req |
|  |  |  |
| Adult .......... | £150.00 | ............ |
| Concessions (Students & Over 65’s) | £80.00 | ............ |
| Children (Under 16’s)  Total enclosed | £35.00 | ............  £.................... |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheques to be made payable to **SHOLING FC**

Proof of age may be required from those who are close to the age brackets.

Student Union Cards may be requested from University aged students.

Please tick this box if you would not like to receive further communication from SHOLING FC.

Your details will not be passed on to any third parties and you will only be contacted with news, offers and information by SHOLING FC.

Forms to be returned by either email to: [secretary.sholingfc@gmail.com](mailto:secretary.sholingfc@gmail.com)

Or post with payment to 43 Kingsclere Avenue Weston Southampton SO19 9LB