



CHELTENHAM TOWN FC PLATINUM 25 CLUB APPLICATION FORM



1. About you (Fields Marked with * are compulsory)

Title*	Forename*		
Surname*		DOB*	
Address Line 1*			
Address Line 2*			
Address Line 3*			
Address Line 4*		Post Code*	

2. Your contact details

Home Telephone (including area code)*
Mobile Phone
Preferred e-mail address *

3. Your seat details

Stand	Block	Row	Seat
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4. Category and Cost* (Refer to price table and multiply amount by five)

Category (Adult/Concs/)	Cost £
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5. How to pay* (Please tick)

Cash	Debit/Credit Card	Cheque
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6. Your payment* (We are unable to accept payment by credit card)

I wish to pay by **Cash** in person at the Cheltenham Town FC Ticket Office

I enclose a **Cheque** made payable to 'Cheltenham Town Football Club'

I wish to pay by **Debit/Credit Card**. Details are given below (please tick box for type of card):

Visa/Delta Solo/Maestro/Switch Mastercard

Card Number	Issue Number
Expiry Date	

I agree to abide by Ground Regulations and any Local Regulation imposed at Cheltenham Town Football Club. I understand that if I am found in breach of these regulations, I may be ejected from the stadium or be convicted of any football related offence, and that this could result in my season ticket being withdrawn and in being banned from attending matches at Whaddon Road.

Signature*	Date*
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