

FORMARTINE UNITED FOOTBALL CLUB
2019/20 SEASON TICKET APPLICATION FORM

(ALL FIELDS MUST BE COMPLETED BY THE APPLICANT)

TITLE: _____
FIRST NAME(S): _____ SURNAME: _____
ADDRESS: _____
POST CODE: _____
DATE OF BIRTH: _____
TELEPHONE: _____ MOBILE: _____
E-MAIL ADDRESS: _____

SEASON TICKET OPTIONS (Please place an X in the box in order to select the type of season ticket required)

ADULT	£130	<input type="checkbox"/>	
OAP/STUDENT *	£65	<input type="checkbox"/>	* Copy of Student ID required
JUVENILE	£65	<input type="checkbox"/>	

PAYMENT DETAILS (Please place an X in the box in order to select the type of payment)

I enclose a cheque made payable to *FORMARTINE UNITED FOOTBALL CLUB* for the sum of: £ _____

Postal applications to be sent to: Formartine United FC, 27 Links Road, Bridge of Don, Aberdeen, AB23 8DD

I have made a Direct Bank Transfer with the reference: _____

Formartine United FC Bank Details: *Bank of Scotland, The Square, Ellon, Aberdeenshire AB41 9JB*

Account No / Sort Code *00405448 / 80-06-71*

Cash Payment £ _____

Formartine United FC recommends that you do not send cash by post. Please contact the club on **07815-072024** or by E-mail formartineunitedfc@highlandleague.com to arrange payment.

PRINT NAME / SIGNED _____ **DATE** _____

Formartine United Football Club would like to use the contact details you have given on this form to contact you by post, E-mail or SMS about football related services, training, news, special offers and promotions offered by Formartine United Football Club or our partners that we believe may be of interest to you.

Please cross this box if you consent to your information being used for this purpose.