

# FORMARTINE UNITED FOOTBALL CLUB

## 2018/19 SEASON TICKET APPLICATION FORM

YOUR DETAILS (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

OAP/STUDENT \* £65  \* Copy of Student ID required

JUVENILE £65

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 Name: *Formartine United*  
Account No: *00405448*  
Sort Code: *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](mailto: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.