

Kidderminster Harriers Football Club 2019-20 Season Ticket Application



Your Personal Details

Name	
Address	
Post Code	Date of Birth
Telephone Number	New / Renewal?
Email Address	

Season Ticket Options

Please tick the relevant season ticket box below. If you are renewing and wish to retain your seat, OR want to choose a seat, then please include your seat number in the box.

	MAIN STAND	EAST STAND	NORTH STAND(TERRACE)
ADULT			
CONCESSION (OVER60)			
STUDENT (YOUNG ADULT 16-18)			
DISABLED AND CARER			

Payment / Card Information

Please Tick Payment Method and Terms below. Include card details if you wish to pay via our

PAYMENT TERMS

FULL

MONTHLY

PAYMENT METHOD

CARD

CASH

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Amount

£

Office Use Only

Total Number of Payments -

Total Amount Due -

Date of 1st Payment -

Amount -

Date of 2nd Payment -

Amount -

Date of 3rd Payment -

Amount -

Date of 4th Payment -

Amount -

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APPLICATION FORM!

I would like to become a member of Goalden Gate Superdraw

Name _____

Address _____

Postcode _____

Telephone _____

Email _____

Date of Birth _____

(Office Use Only) KI _____

I confirm that I am at least 16 years of age

Please tick as appropriate: 6 months - £26 cheque 12 months - £52 cheque

TO PAY BY MONTHLY STANDING ORDERS

PLEASE USE BLOCK CAPITALS

Please pay:

The Account of **GOALDEN GATE**

Sort Code 20-97-78 A/C NO 20121908 the sum of four pounds 34p (4.34)* or the sum of eight pounds 68p (€8.68)*
per calendar month per membership from today's date until further notice from the account of [*delete as applicable]

Name of Account _____

Account Number _____

Sort Code _____

My Bank (Name of Bank) _____

Full Bank Address _____

Postcode _____

£ per month _____

Signed _____

Date _____

Data protection: The Goalden Gate will use your current and future information for administration, marketing and profiling your purchase preferences. We may share this information with our business partners. We, or they, may contact you by mail, telephone, SMS, fax or e-mail to inform you of goods, services or promotions which may be of interest to you.

Please tick this box if you DO NOT wish to receive such information, please note this will preclude you from receiving any of our special promotions or promotions.


goalden gate
SUPERDRAW



**GAMBLING
COMMISSION**

Registered with the Gambling Commission
and proud members of the Lotteries Council.

**Kidderminster Harriers Football Club
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