



St Patrick's Athletic Football Club

2010 Season Ticket Application Form

WHO THE TICKETS ARE FOR:

For all applicants,
please enter your
name here:

**OAPs, Students
and Children,**
please enter
your date of
birth here:

Children, please enter your school name.
Students, please enter your college /
university name and the name of the
course you are studying

Name:

Date Of Birth

School/College/University and Course

_____	_____	_____
_____	_____	_____
_____	_____	_____

DATA PROTECTION ACT:

We will hold the information you have provided above on our database and will use it to provide you with information about other events, news, products or services from the club in the future. Sometimes we will share this information with our sponsors or third parties whose events, products or services we feel may be of interest to our customers and supporters. Under the Data Protection Act you have the right to decide how your information is used. If you do not wish your information to be used in this way please tick the following box/es:

I would not like to receive further information from the club.

I would not like to receive further information from third parties.

FOR OFFICE USE:

Please copy proofs of dates of birth and school/college/university cards and attach to this application. Attach credit/laser card receipts to this form.

Date Form Received: _____

Signed: _____

Date Payment Received: _____

Signed: _____

Date Voucher Book(s) Posted: _____

Signed: _____

Seats allocated: Block Row

Seat(s)

Voucher Book Collected - Customer Signature: _____

- Customer Name: _____

- Date Collected: _____