

Complete the application and payment form below and return to:

**Wrexham AFC, Racecourse Stadium,
Mold Road, Wrexham LL11 2AH**

APPLICATION

For all Season Ticket enquiries please contact the **Ticket Office** on **01978 89 1864** or email: **Commercial@wrexhamfc.tv**

MAIN APPLICANT

Mr/Mrs/Miss/Other (please state)

*Surname *Forename(s)

*Address

*Postcode

*Mobile No Home Tel No

*Date Of Birth **DD : MM : YYYY** E-Mail Address

*Club Member **YES / NO** Membership No

*Season Ticket Renewal **YES / NO** *Current Season Ticket No

Names Seat required **YES / NO** Name as it should appear

*Signature Date [] [] [] []

*Please ensure these fields are completed

You will need to complete the details overleaf if you purchase more than one seat

PAYMENT OPTIONS

Please enter one seat per line only				Please tick accordingly (✓) concessions may not apply in all stands							
Stand	Row	Seat No	Price £	Adult	Over 80	Over 65	Under 21	Under 18	Family Under 18	Family Under 11	
Youth Membership @ £5 per annum				<h3>CHEQUE PAYMENTS</h3> <p>Please make cheques made payable to Wrexham A.F.C. Limited for the total amount (please write name and address on the reverse of the cheque)</p>							
Club Memberships @ £15 per annum											
Junior Dragons Membership @ £5 per annum											
Name on Seat @ £10 per seat per annum											
Build the Budget @ £30 per annum											
Total amount											

CARD PAYMENTS

Please charge my **Mastercard** **Visa** **Debit Card** **Maestro/Solo** (Tick as appropriate) with the total amount shown

Card No. [] **Valid from** [] [] [] [] **Expiry date** [] [] [] [] **Start Date** [] [] [] [] (Maestro/Solo only)

Security code [] [] [] The last 3 digits on the back of your card

Card Holder Signature **Date** [] [] [] []

Your information will be held for the purposes of administering your Season Ticket Application

wrexhamafc

Ourclub. Ourfuture. Einclwb. Eindyfodol.

season ticket applicant 2

Mr/Mrs/Miss/Other (Please State)

*Surname *Forename(s)

*Address *Postcode

*Mobile No Home Tel No

*Date Of Birth DD : MM : YYYY E-Mail Address

*Club Member **YES / NO** Membership No

*Season Ticket Renewal **YES / NO** Wrex ID No

*Signature Date

season ticket applicant 3

Mr/Mrs/Miss/Other (Please State)

*Surname *Forename(s)

*Address *Postcode

*Mobile No Home Tel No

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season ticket applicant 4

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season ticket applicant 5

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*Club Member **YES / NO** Membership No

*Season Ticket Renewal **YES / NO** Wrex ID No

*Signature Date

*Please ensure these fields are completed

Please also consider the following privacy statements: By submitting this application I am consenting to Wrexham Football Club to contact me by post, phone email or SMS to tell me about offers, products, services and initiatives available from Wrexham Football Club, unless I have indicated otherwise by ticking this box.

By submitting this application I am consenting to Wrexham Football Club's commercial partners to contact me by post, phone, email or SMS to tell me about offers, products, services and initiatives from Wrexham Football Club's commercial partners, unless I have indicated otherwise by ticking this box.

A full list of commercial partners is available at www.wrexhamafc.co.uk