



# MATCH TICKET REQUEST FORM

## SEASON 24/25

**PLEASE COMPLETE THE FOLLOWING:**

(ONE FORM PER MEMBER, PER MATCH)

MATCH REQUESTED:	
SURNAME:	
NAME:	
MEMBERSHIP NUMBER *:	
<i>* LEAVE BLANK IF WAITING FOR YOUR NEW MEMBERSHIP APPLICATION TO BE PROCESSED BY THE BRANCH.</i>	
MEMBERSHIP TYPE:	
REQUIRE ASSISTANCE? *: (ONLY TICK IF REQUIRED)	ACCESSIBLE SEATING <input type="checkbox"/> STEWARDS ASSISTANCE <input type="checkbox"/>
<i>* PLEASE NOT THAT IF FOR MEDICAL REASONS YOU REQUIRE ASSISTANCE, YOU MAY BE REQUESTED TO SUBMIT A LETTER FROM YOUR DOCTOR.</i>	
SIGNATURE:	
DATE REQUESTED:	

**IMPORTANT:**

- A REQUEST **DOES NOT** GUARANTEE YOU A TICKET.
- THE BRANCH ADVISES MEMBERS **NOT** TO MAKE ANY TRAVEL AND/OR ACCOMMODATION ARRANGEMENTS UNTIL YOU HAVE THE TICKET.
- TICKETS **CANNOT** BE TRANSFERRED TO ANY OTHER PERSON UNLESS OFFICIALLY DONE THROUGH THE MEMBERSHIP AND TICKETING SECRETARY.

FOR OFFICE USE ONLY:	
DATE RECEIVED:	
RECEIVED VIA:	BY HAND <input type="checkbox"/> BY EMAIL <input type="checkbox"/>
PRIORITY LIST: (IN CASE A DRAW IS REQUIRED)	MEMBER PREVIOUS SEASON: YES <input type="checkbox"/> NO <input type="checkbox"/> MEMBER BY 15 <sup>TH</sup> JULY 2024: YES <input type="checkbox"/> NO <input type="checkbox"/>