



# Application Form...

This application form is for the 2009/10 season at Oxford United Football Club  
Please complete the form below in CAPITAL LETTERS and send/bring with the necessary payment to:  
The Ticket Office, Oxford United Football Club, Grenoble Road, Oxford, OX4 4XP

Title: ..... Initials: ..... Surname: .....

Address: .....

Postcode: ..... \*Date of Birth: .....

Tel No: (Evening) ..... (Day) ..... (email) .....

\*NEW APPLICANTS 4-UNDER 7, UNDER 11, UNDER 16 OR OVER 65 ON 01/08/09 MUST PROVIDE PROOF OF AGE IN THE FORM OF OFFICIAL DOCUMENTATION (eg BIRTH CERTIFICATE/PASSPORT/UNDER 7's NEED TWO PASSPORT PHOTOS)

PLEASE TICK OPTION REQUIRED AND COMPLETE AS NECESSARY (\*DELETE WHERE APPROPRIATE)  
IF RENEWING, PLEASE QUOTE ROW AND SEAT NUMBER WHERE PROVIDED

- |   | Row                  | Seat                 |
|---|----------------------|----------------------|
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the MAURICE EVANS*MANOR LOUNGE .....   | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the UPPER SOUTH STAND .....  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the LOWER SOUTH STAND .....  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the LOWER SOUTH STAND (FAMILY AREA).....<br>N.B. An adult must be accompanied by at least one under sixteen. | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the OXFORD MAIL (EAST) STAND.....  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to apply for/renew* a season ticket in the NORTH STAND .....  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I wish to pay the full price of £..... and donate the difference from the discounted rate to the club  |                      |                      |

PAYMENT (please tick appropriate box)

I wish to pay by instalments and have completed bank details below

Instruction to your Bank/Building Society to pay by Direct Debit

Name of Account Holder .....

Sort Code: ...../...../.....Account Number: .....

Please pay Premium Credit Ltd. Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee

I wish to pay in full by cash/cheque

Please debit my Visa/ Mastercard /Delta/Solo/Switch/ Maestro Card

Card NO: ..... Expiry Date: ..... Issue No: ..... Security Code: .....

I accept that purchasing a season ticket constitutes acceptance of the Ground Regulations and if I fail to comply with them it could lead to ejection from the Stadium and the withdrawal of my season ticket (without reimbursement) and other benefits  
N.B. NEW SEASON TICKETS CAN NOT BE BOOKED OVER THE TELEPHONE

Signed: ..... Date: .....

OFFICE USE TYPE: ADULT/4-UNDER 7/UNDER 11/UNDER 16/OVER 65/ STUDENT

Receipt: ..... Amount: £ ..... Payment: Cash/Cheque/Card/ Instalment

AREA: US/LS/FS/NS/EA/ME/ML/WC/PA

STAND: ..... ROW: ..... NO: .....

Enter on Venue Master: .....