

**NEW / RENEWAL / CHANGE OF CATEGORY
SEASON TICKET APPLICATION FORM
2019/2020**

Name _____

Address _____

Postcode _____

Telephone No. _____

Date of Birth _____

Email Address _____

Declaration:

I confirm that I will abide by the UEFA 10 point plan and the Linfield FC Code of Conduct.

I confirm my consent for Linfield FC to retain these details and to contact me in respect of any club events or sales and marketing activities.

Signed _____ Date _____

FOR OFFICE USE ONLY

Ticket Category _____ Payment Method _____

Details of ID produced where relevant: _____