



ATHLONE TOWN FOOTBALL CLUB

Athlone Town Stadium, Lissywollen, Athlone, Co Westmeath. N37 P7D7
Email: info@athlonetownfc.ie Website: www.athlonetownfc.ie

Season Ticket Application Form 2016

THE DETAILS WE HOLD FOR YOU:

Name: _____
Address: _____
Contact Number: _____ **Email:** _____

THE TICKETS YOU REQUIRE:

Type	Quantity	Price	Sub Total
Adult		€100	€
OAP		€50	€
Student		€60	€
Child		€10	€
		Total due:	€

METHOD OF PAYMENT:

Please Tick

Cash **Cheque** **Credit/Debit Card**

Credit/Debit Card Details:

Visa **MasterCard**

Card Number::

Expiry:

(mm/yy) _____

I hereby authorise for the total due shown above:

Signature: _____ **Date:** _____

DATA PROTECTION ACT:

We will hold the information provided above on our database to provide you with information about events, news, products and services from the Club and services we may feel will be of interest to our customers and supporters, sometimes we may share this information with our sponsors or third parties. 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 box or boxes below:

<input type="checkbox"/> I would not like to receive further information from the Club	
<input type="checkbox"/> I would not like to receive information from third parties	

