



24-25 Premier Club

Season Ticket Application

IMPORTANT NOTICE

WE CAN ONLY ACCEPT POSTAL PAYMENTS BY CHEQUE MADE PAYABLE TO DOVER ATHLETIC FOOTBALL CLUB. IF YOU WISH TO PAY BY CARD OR CASH PLEASE CONTACT RECEPTION ON 01304 822373 FOR OPENING HOURS.

To enable us to process your application, please complete the entire form. All fields marked with an * are mandatory, failure to complete this information will result in a delay while we try to verify the information. One form per applicant. If you are purchasing more than one ticket, you must complete one form for every ticket holder. The details required are for the Season Ticket holder if different to the purchaser.

Existing Season Ticket Number (IF KNOWN)

Personal Details * PLEASE USE CAPITALS WHEN COMPLETING THIS FORM

First Name: _____ Surname: _____

Address: _____

Town: _____ Post code: _____

Email: _____

Mobile Number: _____ Alternative Number: _____

Your Ticket * Please tick a box below

<p>PREMIER CLUB</p> <p>£550.00 <input type="checkbox"/> Includes Half-time Buffet</p>	<p>PLATINUM CLUB</p> <p>Early Bird £790.00 <input type="checkbox"/> From 01/07/24 £860 <input type="checkbox"/> Includes Pre-match Meal</p>
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PLEASE NOTE TICKETS WILL BE AVAILABLE FOR COLLECTION FROM THE CLUB OFFICE DURING THE PRE-SEASON FRIENDLIES – PLEASE BRING ID WITH YOU WHEN COLLECTING

Voluntary Donation to the Playing budget If you would like to make a voluntary donation to the playing budget, Please complete the amount below and add this to your chosen payment method. All donations received will go directly to the playing budget for the 2024-25 Season. I wish to make a voluntary donation of £_____

Please sign to confirm that all of the above details are correct. Providing incorrect information may result in your Season ticket being cancelled, without a refund. If the applicant is under 12 years old, a parent or legal guardian must sign the form.

Applicant Signature: _____

Date: _____

YOUR DATA: We will store the data provided on our Ticket Management System for the duration of one year. The information will be used to identify you, to provide you with information about your season ticket and for administration purposes, including renewals. PLEASE TICK THE BOX TO CONFIRM YOUR CONSENT (WE CANNOT PROCESS YOUR TICKET WITHOUT CONSENT)

COMPLETED FORMS AND PAYMENT SHOULD BE RETURNED TO : DAFC, CRABBLE STADIUM, LEWISHAM ROAD, DOVER, KENT, CT17 0JB

OFFICE USE ONLY: Application received ___/___/___ Payment method Cheque / Card / Cash REF _____

ISSUE TO CUSTOMER Date: _____ Received by customer : _____