

# ATHLETICS SEASON TICKET APPLICATION FORM 2017/2018

Once you have completed this Application Form please return it by post to **Cricklefields Athletic Ground, High Road, Ilford, Essex IG1 1UE**, alternatively you can hand it in at Cricklefields' Reception. You will need to include a cheque made payable to 'Vision RC & L'. Please clearly write the Athletic Season Ticket holder's name, date of birth and telephone number on the back of the cheque.

You will also need to provide 2 current passport-sized photos. Please clearly write the Athletic Season Ticket holders' name on the back of each photo. The application process will only complete, and the Athletic Season Ticket supplied, once this form has been received along with the cheque and photos. Any questions please contact us on **020 8550 2366** – Thank you!

## APPLICANT'S DETAILS

Name:

Date of birth: / / Age:

Home address:

Home telephone:

Mobile:

Email address:

## SEASON TICKET CARD SELECTION *(Tick as appropriate)*

1 x Adult Annual Athletics Season Ticket – **£104**

1 x Student (ages: 16, 17, 18) Annual Athletics Season Ticket – **£62** (for those in full-time education only)

1 x Junior (under 16) Annual Athletics Season Ticket – **£42**

1 x Veteran (over 35) Annual Athletics Season Ticket – **£42**

1 x Junior (under 16) 6-Month Athletics Season Ticket – **£29**

## YOUR CONFIRMATION

I confirm that the above information is correct to the best of my knowledge at the time of completion and I undertake to inform the centre immediately of any changes to the above.

I accept the charges listed and have supplied a payment cheque and 2 passport-sized photos to Cricklefields Athletic Ground by post or hand. I also understand the application process will only complete, and the Athletics Season Ticket supplied, once this form has been received along with the cheque and photos.

Form completed by:

Dated:

Signed:



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## FOR OFFICE USE ONLY:

Amount paid: £	Photos supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of payment:	
Staff name who accepted payment:	
Membership number:	
Start date:	
Expiry date:	
Any other comments:	
Logged on Gladstone? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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