2014-15 SEASON CARD APPLICATION FORM

Please complete all of the information below

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Daytime Telephone Number:	Daytime Telephone Number:
Evening Telephone Number:	Evening Telephone Number:

Once your application has been processed we will notify you by email. Please ensure you provide a valid email address below.

Email:	Email:
Mobile:	Mobile:
Date of Birth:	Date of Birth:
Adult ☐ U22 ☐ U16 ☐ U12 ☐ Over 65 ☐	Adult ☐ U22 ☐ U16 ☐ U12 ☐ Over 65 ☐
PLEASE PROVIDE PROOF OF AGE FOR U12, U16, U22, OVER 65s	**PLEASE PROVIDE PROOF OF AGE FOR U12, U16, U22, OVER 65s**

I enclose a cheque made payable to **Sunderland AFC** ☐ No of Seats ☐ Payment by Direct Debit* ☐ Direct Debit Total £ ☐

Please charge my Visa/Mastercard/Switch ☐ Switch/Maestro Issue Number ☐☐☐ Start Date ☐☐ / ☐☐ Expiry Date ☐☐ / ☐☐

Card Holder Name ☐

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐ Security Number ☐☐☐

Please state preferred area of the stadium ☐

I agree to abide by the ground regulations and season card conditions of issue. All season cards are non-refundable. Ground regulations are available at **www.safc.com**

Signature:	Date:	Ticket Office Use	Customer Number(s):

After completing this form, please return with payment to the following address: ST 13-14, PO BOX 165, Sunderland, SR5 1WF

SAFC Ltd. is the Data Controller in relation to the personal information which you supply. SAFC Ltd. stores, collects and uses the personal information which you give in accordance with its obligations under the Data Protection Act 1998.

☐ SAFC Ltd. would like to contact you by post or telephone with details of our products and/or services which may be of interest to you. Tick this box if you do not wish us to do so.

☐ We want to be able to share with you any breaking news and special offers by email and SMS. Please tick this box if you are happy for us to do so.

A separate Direct Debit form **must be completed for each individual ticket purchased.*