

1/2 SEASON TICKET APPLICATION FORM

SEASON 09/10



NAME:

DATE OF BIRTH:

ADDRESS:

EMAIL:

.....

MOBILE:

.....

DAY TEL:

.....

EVENING TEL:

POSTCODE:

SEAT LOCATION

TYPE (ADULT ETC)	STAND (The ticket office will locate the best seats available)	£
------------------	--	---

OTHER OPTIONS

<input type="checkbox"/>	POST ME MY SEASON TICKET	ADD £4.85*	£
--------------------------	--------------------------	------------	---

<input type="checkbox"/>	HIBS KIDS MEMBERSHIP 09/10	ADD £5.00	£
--------------------------	----------------------------	-----------	---

<input type="checkbox"/>	I WILL COLLECT MY SEASON TICKET (Please allow 10 working days)		
--------------------------	--	--	--

TOTAL	£
--------------	---

PLEASE CHOOSE METHOD OF PAYMENT

<input type="checkbox"/> CASH <small>(Please do not post)</small>	<input type="checkbox"/> CHEQUE <small>(Made payable to Hibernian FC)</small>	<input type="checkbox"/> DEBIT/CREDIT CARD <small>(Amex or Diners not accepted)</small>
--	--	--

FOR DEBIT/CREDIT CARD PAYMENTS ONLY:

NAME AS SHOWN ON CARD:..... CARD NO:

VALID FROM:..... EXPIRY DATE:

LAST 3 DIGITS ON SIGNATURE STRIP:..... ISSUE No (SWITCH CARD ONLY IF APPLICABLE):

Please complete one form per person. Group applications should be submitted together (photocopied forms are accepted)
All application forms to: Ticket Office, Hibernian Football Club, Easter Road Stadium, 12 Albion Place, Edinburgh, EH7 5QG.

*for multiple half season ticket applications, please contact the Ticket Office for postal charges