2019/20 SEASON TICKET APPLICATION



Member No			Date of Birth* D	D M M	YY		
Gender*	Male F	emale					
Title		First Nam	e*				
Surname*							
Address*							
					Postcode		
Daytime Tel No.				Mobile No.			
Email Address							
Your choi	CeS* If y	ou are renewir	ng your season ticke	et then please ente	r you current sea	t details.	
Stand: Ben Ben	nett Family East	Eric Twig	g Foods Pukka Pies W	est KCM Rec	cycling North	Row	Seat No.
Season Ticket	type: Ad	dult C	oncession ⁺	Juvenile ^{††}	Junior		
	U	nder 8††††	Disabled				
^t Senior 60 and over, 18 - 21 year olds and active HM armed forces personnel. ¹¹¹ 3-17 years old ¹¹¹ 8-12 years old ¹¹¹ with a fee paying adult ¹¹¹¹ Higher rate DLA or equivalent (please see Terms & Conditions, no 19)							

Ethnic group

Your personal details

Rotherham United is committed to preventing discrimination in all its fields of operation and within its stadium, providing an environment free from racial abuse, harassment, bullying and victimisation. As part of its on-going commitment towards achieving the Racial Equality Standard for professional football clubs, the club needs to effectively monitor the ethnicity of participants at all levels of activity, as employees, supporters and of community outreach and we therefor include the following question on ethnicity to enable us to carry out this process. To reflect best practice as recognised by the Commission for Racial Equality we use the same ethnic categories as used in the 2011 census.

A٠	WHITE	B - MIXED	C - ASIAN OR ASIAN BRITISH		D - BLACK OR BLACK		- CHINESE OR OTHER	
	British	White and Black Caribbean	Indian		BRITISH		ETHNIC GROUP	
	Irish	White and Black African	Pakistani		Black Caribbean		Chinese	
	Any other White	White and Asian	Bangladeshi		Black African		Any other, please write in	
_	background, please write in	Any other mixed	Any other Asian		Any other Black			
		background, please write in	background, please write in	Dack	ackground, please write in			

Your commitment

I agree to the Terms and Conditions of the season ticket and to abide by the Ground Regulations at the AESSEAL New York Stadium.

The Club would like to send you information about its products and services from time to time. If you are happy to receive this information then please tick this box.

Your Signature:*

Parent/Guardian Signature (if under 16):*

*compulsory	fields	to	comp	lete
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YOUR PAYMENT

Cost of season ticket: £___

I wish to pay	by: (tick box)						
In full (w	In full (with application). Direct Debit Please complete your credit/debit card details to pay your non-refundable deposit now and then complete the mandate below to set up your interest free direct debit. Your payments will be confirmed in a payment schedule which will be sent out to your registered address						
Payment by c	credit/debit card	ł					
Card type:	Mastercard	Visa	Visa Debit	Name on card			
Card No.							
Expiry date:	M M / Y	Y 3 digit see	curity code (on	reverse of card)			
Cardholder S Supporters w		by cheque can ma	ake cheques pa	ayable to 'Rotherha	m United F	C'.	
You can return the form in person, via post or by emailing a scanned copy to supporterservices@rotherhamunited.net If returning by post, please return to: 2019/20 Season Ticket Applications, Rotherham United Football Club, The AESSEAL New York Stadium, New York Way, Rotherham, S60 1AH							
Direct Debit Payment. Instruction to your Bank or Building Society. To pay by direct debit.							
Service users (For Official Use onl			Reference				
To: The Mana	lger						
Name of Ban	k/Building Socie	ety					
Address							
					Postc	ode	
1. Name of A	ccount Holder						
2. Account N	umber						
3. Branch So	rt Code						
Instructions to your Bank or Building Society							
Please pay Rotherham United Football Club Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Rotherham United Football Club and, if so, details will be passed electronically to my Bank/Building Society.							
Yes I wa	Yes I want to auto-renew my season ticket until further notice. No I do not want to auto-renew my season ticket.						
I agree to the direct debit terms and conditions and to pay the full amount of my 2019/20 season ticket.							
Signature:					Date	DD/MM/YY	

Banks or Building Societies may not accept Direct Debit Instructions for some types of account.

DiRECT

- Direct Debit Guarantee

 This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
 If there are any changes to the amount, date or frequency of your Direct Debit Rotherham United Football Club Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Rotherham United Football Club Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request. • If an error is made in the payment of your Direct Debit, by Rotherham United Football Club Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Rotherham United Football Club Ltd asks you to.
 You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.