

# 2015/16 Season Ticket Application Form



Please complete as much of the form with as much detail as possible in **UPPER CASE**, using either **blue** or **black ink**. If you are buying a Season Ticket for yourself and a friend or family member please complete one form per person or supply the second person's details on a separate sheet. Note that if you choose to pay using Direct Debit you will receive a separate credit agreement in your name and a separate payment will be collected from your bank account for each monthly instalment.

## Personal Details

Please use this section to tell us of any changes to your personal information, printed above.

Title																					
Forename																					
Surname or Family name																					
Address Line 1																					
Address Line 2																					
Address Line 3																					
Address Line 4																					
Address Line 5											Postcode										

## Contact Details

Please provide us with your details below to allow us to keep you up-to-date with the latest Club/Team news and ticketing information. If this is your first Season Ticket application, you must provide us with a telephone number so that we can contact you regarding seat preference.

Daytime Phone No.																				
Mobile Phone No.																				
Email Address																				

## Application details

Please place a tick (✓) and complete the price for the category required. A photocopy of a birth certificate or passport must be provided when purchasing a Kid, Junior, 16-20 or Over 65's Season Ticket. New applicants only should complete the preferred stand section.

Date of Birth 

D	D	M	M	Y	Y
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Category & Price

<b>Kid</b> (Under 11's) <input checked="" type="checkbox"/>	<b>Junior</b> <sup>2</sup> (11 - 15) <input checked="" type="checkbox"/>	<b>Adult</b> (21 - 64) <input checked="" type="checkbox"/>
<b>Concession</b> (16 - 20) <input checked="" type="checkbox"/>	<b>Concession</b> (65 and over) <input checked="" type="checkbox"/>	

Preferred Stand 

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## Method of payment - Season Ticket

Please place a tick (✓) in the relevant box. Direct Debit applications should be completed overleaf and submitted by the relevant deadline date.

I wish to pay in full by

<b>Everton MasterCard</b> <input checked="" type="checkbox"/>	<b>Credit Card</b> <sup>1</sup> <input checked="" type="checkbox"/>	<b>Debit Card</b> <input checked="" type="checkbox"/>
<b>Cheque</b> <sup>†</sup> <input checked="" type="checkbox"/>	<b>Cash</b> <input checked="" type="checkbox"/>	<b>Everton Saving Stamps</b> <input checked="" type="checkbox"/>
		<b>Direct Debit</b> <sup>^</sup> <input checked="" type="checkbox"/>

Card Number 

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Valid from 

M	M	Y	Y	Y	Y
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 Expires 

M	M	Y	Y	Y	Y
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 Issue Number 

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CV2 Number  
(3 digit number on reverse of card) 

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Cardholder Name 

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Cardholder Signature 

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<sup>1</sup>A Kid is defined as a person aged 10 or under on or before 01/09/15. <sup>2</sup>A Junior is defined as a person aged 11-15 years on or before 01/09/15. <sup>†</sup>£5 charge for credit card purchases (excluding Everton MasterCard). <sup>†</sup>Please make cheques payable to Goodison Park Stadium Limited and write the cheque guarantee card number, expiry date, your customer number and seat details on the reverse. Cash payment can be made in person only at the Park End Box Office or the ticket desk at Everton Two, Liverpool One - please bring this completed form and payment together and ensure you receive a receipt. Please do not send cash through the post. <sup>^</sup>Finance is provided by Premium Credit Limited. A £30 transaction fee is applicable to all Direct Debit applications. A credit agreement will be included for you to sign and return. Failure to return your signed contract to Premium Credit will incur a £10 charge.

EVERTON FOOTBALL CLUB

*We Are Chosen*

- WE DO NOT CHOOSE -

SINCE 1878

Please ensure you have read the pre-contractual explanations within the enclosed terms and conditions booklet before completing this section.



# Instructions to your Bank or Building Society to pay by Direct Debit

Service user number: 942461

Premium Credit Limited, Premium Credit House, 60 East Street, Surrey KT17 1HB.

Name and full postal address of your Bank or Building Society

To the Manager Bank/Building Society

Postcode

Name of Account Holder(s)

Branch Sort Code Bank/Building Society Account No.

**Instruction to your Bank or Building Society.** Please pay Premium Credit Limited Direct Debit(s) 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 Premium Credit Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature Date

D D M M Y Y

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

I wish to pay over (Deadline)

10 months (31 March)  9 months (30 April)  8 months (31 May)  7 months (30 June)  6 months (20 July)

Date of Birth

D D M M Y Y

## AutoCup Scheme application

Avoid buying Cup Tickets on a match-by-match basis by signing up to the AutoCup Scheme below. Your payment card will automatically be debited when the tickets go on sale and your Seasoncard activated.

Please tick relevant box(es)

European Home Matches~\*  Capital One Cup Home Matches~  FA Cup Home Matches~

~There are no additional charges on tickets purchased through this scheme and signing up to one of the Home Match Schemes is the only way to guarantee your Season Ticket seat, when applicable.^  
\*Subject to qualification. ^Subject to competition rules and advertised priority periods.

## Method of payment - AutoCup Scheme

Please place a tick (✓) in the relevant box. Please note that for legal reasons, Maestro, Electron and Solo cannot be accepted. I hereby authorise Everton Football Club to charge my debit/credit card for unspecified amounts on unspecified dates, without receipt, for the games selected above. Changes in payment details, including expiry date must be communicated in writing to the Everton Box Office as soon as possible.

I wish to pay by

Everton MasterCard  Visa  MasterCard  Delta

Card Number

Valid from Expires

M M Y Y Y Y M M Y Y Y Y

CV2 Number (3 digit number on reverse of card)

Cardholder Name

Cardholder Signature

Any failed payments will incur a £10 administration charge and non-admission to the game(s). See Ticket Terms and Conditions for full details.

# Using your personal information

Personal information which you supply to us (Everton Football Club) may be used in a number of ways, for example:

- To provide the services that you purchase from us such as processing ticket requests;
- To help us to understand what you want us to communicate with you about and how;
- To carry out market research and similar market/trend analysis; and
- To undertake fraud screening and crime prevention activities;

There may be other ways that we process your personal information - further details of which are set out in our Privacy Policy at the website [www.evertonfc.com/privacypolicy](http://www.evertonfc.com/privacypolicy)

We will hold your information securely in our club databases and will only share your information with those third parties necessary to process your transactions with us such as debit/credit card companies, banks, etc. unless you give us your consent to also share your personal information with our club partners and sponsors. When you submit this form we will update your database record with the communication preferences that you have indicated below. You may change your communication preferences at any time on your e-ticketing and evertonfc.com accounts or by contacting the Data Manager at Everton Football Club, Goodison Park, Liverpool L4 4EL, or via email to [CRM@evertonfc.com](mailto:CRM@evertonfc.com). Please include your name, address, email address and ticketing customer number when you contact us.

I **do not** want to receive marketing materials/messages from Everton Football Club via following methods:

Telephone	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>	Post	<input checked="" type="checkbox"/>	SMS/MMS	<input checked="" type="checkbox"/>	Do not pass on my details to Club partners	<input checked="" type="checkbox"/>
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I **do not** want Everton to share my details with the Club's sponsors/partners

We understand that your privacy is very important and we aim to handle your personal information in a respectful and appropriate manner.

## Season Ticket agreement

Before signing this agreement please carefully read the enclosed Terms and Conditions and Privacy Policy and retain a copy for your information. I confirm that all information supplied in this form is correct and I agree to be bound by the Terms and Conditions enclosed.

Failure to sign this application will result in your application not being processed.

Signature  
(of parent or guardian  
if under 16 years old)

Date

D	D	M	M	Y	Y
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Operator Signature

