



# LEEDS UNITED AWAY GAMES APPLICATION FORM

## SEASON TICKET HOLDERS & MEMBERS ONLY

### 2009/10 SEASON - PHASE 4 AWAY GAMES

Applications accepted from Monday 1st February 2010 at 10am:  
Southampton, Norwich City, Yeovil Town, Carlisle United and Gillingham

This application does not guarantee your ticket(s). Away tickets will firstly be allocated to away season ticket holders. After deducting the allocation of tickets for away season ticket holders, 85% of the remaining tickets will be reserved for home season ticket holders and 15% for Club members. Applications consisting of both season ticket holders and members will be placed on file with the members. Please note that you can only apply for one fixture per form and a maximum of six applicants per application.

**(Strictly one ticket per season ticket holder/member)**

### TICKET REQUIREMENTS - STEP 1

#### FIXTURE

YOU MUST COMPLETE A SEPARATE APPLICATION FORM FOR EACH GAME

#### TOTAL TICKETS

PLEASE SPECIFY BREAKDOWN OF TICKETS REQUIRED BELOW

NAME	ADULT	JUNIOR	SENIOR CITIZEN	CUSTOMER NO.	POSTCODE	TRAVEL
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

### CONTACT DETAILS - STEP 2

Please provide the details of the main contact of this booking. Please note all tickets will be sent to the main contact. This contact will receive either an email or text message to confirm that the application has been processed.

Customer No:  Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Daytime Tel:

Preferred Contact Method: \_\_\_\_\_  
(Please enter a mobile number or email address)

### PAYMENT DETAILS - STEP 3

#### OPTION 1 PAYMENT BY CHEQUE PLEASE TICK

PLEASE SUBMIT ONE CHEQUE (PER APPLICATION) PAYABLE TO **LEEDS UNITED FOOTBALL CLUB LIMITED**. PLEASE DO NOT COMPLETE THE VALUE OF YOUR CHEQUE. PLEASE ENSURE YOUR NAME, ADDRESS, CUSTOMER NUMBER ARE PRINTED ON THE REVERSE OF THE CHEQUE.

#### OPTION 2 PAYMENT BY CREDIT/DEBIT CARD PLEASE TICK

I AUTHORISE YOU LEEDS UNITED, TO CHARGE MY CREDIT/DEBIT CARD WITH UNSPECIFIED AMOUNTS IF MY APPLICATION IS SUCCESSFUL. ALL TICKETS AND TRAVEL ARE SUBJECT TO A £1.50 (PER TICKET) BOOKING FEE. THIS APPLIES TO ALL TYPES OF CARDS (WE DO NOT ACCEPT AMEX). TICKETS CANNOT BE REFUNDED OR EXCHANGED.

Card Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Start Date <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/>	Expiry Date <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/>	Issue No. <input type="text"/> <input type="text"/>
Name on Card:	Signature:		Date:		

Please complete and post to Leeds United, Ticket Services, Elland Road, Leeds, LS11 0ES or fax back to 0113 367 6055