



LEEDS UNITED AWAY GAMES APPLICATION FORM

DISABLED SEASON TICKET HOLDERS & MEMBERS ONLY

2009/10 SEASON - PHASE FOUR AWAY GAMES

Applications accepted from Monday 1st February 2010 at 10am:

PLEASE COMPLETE THIS FORM WHEN APPLYING FOR DISABLED TICKETS FOR LEEDS UNITED AWAY FIXTURES

(Strictly one ticket per season ticket holder/member)

PERSONAL DETAILS - STEP 1

Customer No: Name: _____

Address: _____

Postcode: _____ Daytime Tel:

PLEASE TICK TYPE OF TICKET REQUIRED

WHEELCHAIR VISUALLY IMPAIRED AMBULANT HEARING IMPAIRED

DO YOU REQUIRE OFFICIAL COACH TRAVEL? (Please tick if yes)

DO YOU REQUIRE A TICKET FOR A PERSONAL ASSISTANT? (Please tick if yes and provide details below)

Customer No: Name: _____

PHASE FOUR FIXTURES - STEP 2

PLEASE TICK THE GAME(S) YOU WISH TO APPLY FOR:

Applications accepted from Monday 1st February 2010 at 10am	
Southampton	<input type="checkbox"/>
Norwich City	<input type="checkbox"/>
Yeovil Town	<input type="checkbox"/>
Carlisle United	<input type="checkbox"/>
Gillingham	<input type="checkbox"/>

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"/>
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: <input type="text"/> Date: <input type="text"/>

Please complete and post to Hannah Cox, Disabled Coordinator, Leeds United, Ticket Services, Elland Road, Leeds, LS11 0ES or fax back to 0113 367 6055 or complete the online form at www.leedsunited.com