## NEW SEASON TICKET HOLDERS ONLY



## PLEASE COMPLETE YOUR DETAILS

FORENAME:	IL THE AND A DECIDENT OF A DECIDENTA DECIDO OF A DECIDA DECIDA DECIDA DE
SURNAME:	BERN
ADDRESS:	
	SEASONITICKET
	season ticket 2006-2007
POSTCODE:	MOBILE:
DAY TEL:	EMAIL:
EVENING TEL:	D/O/B:
PLEASE CHOOSE YOUR SEAT	
PLEASE INDICATE YOUR IST AND 2ND SEAT PREFERENCE (	write 'I' or '2' in the relevant box)
FF Stand (upper tier)FF Stand (lower tier)West Stand (upper tier)	West Stand East Stand
YOUR TICKET -	
ADULT HIBS KIDS (UNDER 14)	
SENIOR CITZEN (F60/M65) HIBS KIDS (UNDER 5)   15 - 18 (OR F/T STUDENT) 15	
THE TICKET OFFICE WILL CONTACT YOU FROM 16 <sup>TH</sup> MAY	
OTHER SEASON TICKET OPTIONS	
CUP TOP UP ADULT £40	
CUP TOP UP CONCESSION £20	
HIBS KIDS MEMBERSHIP £10	YOUR TOTAL £
PLEASE CHOOSE YOUR PAYMENT METHOD	
<b>CASH</b> (please do not post)	
<b>CHEQUE</b> (Made payable to Hibernian FC)	
<b>D/D PAYMENT PLAN</b> (Please complete D/D form and return b	y 31 <sup>st</sup> March 2006)
SWITCH/SOLO/MASTERCARD/AMEX (Delete as appropria	ute)
CARD NO:	
VALID FROM:	EXPIRY DATE:
ISSUE NO (SWITCH ONLY)	

PLEASE COMPLETE ONE FORM PER PERSON. GROUP APPLICATIONS SHOULD BE SUBMITTED TOGETHER (PHOTOCOPIED FORMS ARE ACCEPTED) ALL APPLICATION FORMS TO:-HIBERNIAN FOOTBALL CLUB, EASTER ROAD STADIUM, 12 ALBION PLACE, EH7 5QG