

## West Ham United - Season Ticket Holders

## **Away Priority Point Application Form**



PLEASE COMPLETE THIS FORM BY PRINTING IN CAPITAL LETTERS & RETURN TO:
WEST HAM UNITED TICKET OFFICE, PO BOX 6731, LONDON, E13 9RA.

To guarantee your priority point application is received we recommend that applications are sent using recorded delivery.

The ticket office will not be responsible for postal applications & faxes not received/processed.

**VS WHU \*LEAGUE/CUP** \*PLEASE DELETE AS APPLICABLE LEAD CLIENTS NAME: \_\_\_\_\_ CLIENT REF NO: \_\_\_\_\_ ADDRESS: DAYTIME TEL NO: \_\_\_\_\_\_ MOBILE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_ IN THE SPACE PROVIDED PLEASE CLEARLY WRITE THE CLIENT REFERENCE NUMBER FOR EACH CLIENT APPLYING FOR A TICKET. UNLESS ONE OF THE TWO CONCESSIONARY BOXES ARE TICKED, ALL OFFICE TICKETS WILL BE CHARGED AT THE FULL ADULT PRICE. USE ONLY CLIENT 1 I FAD OAP **JUNIOR** CLIENT REF NAME 2. CLIENT CLIENT OAP JUNIOR NAME 3. CLIENT CLIENT OAP JUNIOR REF NAME CLIENT 4 CLIENT OAP **JUNIOR** REF NAME 5. CLIENT CLIENT OAP **JUNIOR REF** NAME CLIENT 6. CLIENT JUNIOR OAP REF NAME CLIENT 7 CLIENT OAP **JUNIOR** RFF NAME 8. CLIENT CLIENT OAP **JUNIOR REF** NAME PLEASE TICK BOX IF COACH TRAVEL IS REQUIRED CREDIT/DEBIT CARD NO: VISA / MASTERCARD / SWITCH / DELTA / ELECTRON / SOLO (DELETE WHERE APPLIC ABLE) ISSUE NO: VALID FROM SWITCH ONLY SECURITY CODE EXPIRY DATE NAME ON CREDIT CARD: \_\_\_\_\_\_ SIGNED: \_\_\_\_\_ TICKETS @ £ + £1.50 BOOKING FEE **PER** TICKET **TOTAL**