

DISABLED SUPPORTER HOME TICKET BALLOT APPLICATION

PERSONAL DETAILS

FORENAME(S)	SURNAME
SUPPORTER NUMBER	
MATCH	DATE

PERSONAL ASSISTANT REQUIRED

YES NO

PLEASE TICK TICKETS REQUIRED

PREMIER LEAGUE
FA CUP
LEAGUE CUP
UEFA COMPETITION
FRIENDLY

PREFERENCES*

ARM REST
AISLE SEAT
ASSISTANCE ANIMAL
EXTRA LEG ROOM
WIDTH 40m OF AN ACCESSIBLE TOILET
WIDE SEAT

*All requests are subject to very limited availability.

SPECIAL REQUIREMENTS (e.g visual/hearing impairment)

NON-AMBULANT SEATING

WEST LOWER FRONT ROW
SHED LOWER

AMBULANT SEATING

WEST LOWER
SHED LOWER

NUMBER OF TICKETS

ADULT	JUNIOR (UNDER 20's)	SENIOR (65 AND OVER)
-------	---------------------	----------------------

Please let us know if you would like to be contacted by Chelsea FC and its group companies with news and promotional information about Chelsea FC, its official sponsors and partners (www.chelseafc.com/partners) and their products and services, where we have the relevant contact details: By email By SMS By mail By phone. Please read our Privacy Policy (www.chelseafc.com/privacy) to learn more about Chelsea FC and its group companies, how we use your information and how to change your mind about receiving marketing from us.

Personal Emergency Evacuation Plan

A PEEP is a Personal Emergency Evacuation Plan. It is an escape plan for individuals who may not be able to reach a place of safety unaided or in a satisfactory timeframe in the event of an emergency. We advise supporters who may need additional assistance in the event of an emergency to complete this form in order to make our safety team aware of your personal needs (please visit www.chelseafc.com/peep to fill in the form).

AGREEMENT

I hereby confirm that I have read the terms and conditions, Chelsea Football Club's Conditions Of Issue and the ground regulations which are available for inspection at www.chelseafc.com/tickets/conditionsofissue and posted at the club's offices and I agree to abide by them. I understand that my season ticket may be withdrawn, revoked or terminated as provided therein. I authorise payment by credit card/debit card/Amex (applicable)

SIGNATURE	DATE
-----------	------

