

DISABLED SUPPORTER TICKET APPLICATION

AWAY GAMES



PERSONAL DETAILS

FORENAME(S) (AS PER PASSPORT)

SURNAME (AS PER PASSPORT)

SUPPORTER NUMBER

MATCH

DATE

PERSONAL ASSISTANT REQUIRED

YES

NO

PLEASE TICK TICKETS REQUIRED

PREMIER LEAGUE

FA CUP

LEAGUE CUP

UEFA COMPETITION

COMMUNITY SHIELD

FRIENDLY

SPECIAL REQUIREMENTS (e.g visual/hearing impairment)

AMBULANT SEATING

ADULT

JUNIOR

SENIOR

AGE OF CONCESSION

NON-AMBULANT SEATING

ADULT

JUNIOR

SENIOR

AGE OF CONCESSION

PAYMENT*

Please indicate your preferred payment method:

CREDIT CARD

DEBIT CARD

A member of the Access team will email you if your application has been successful. Payment is then processed through your online ticketing account.

*A £2 administration fee will be applied to each transaction

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 its 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.

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 I understand that my match ticket may be withdrawn, revoked or terminated as provided therein. I authorise payment by credit card/debit card/Amex (applicable)

SIGNATURE

DATE