**WALES ORDER FORM Under Armour Internationals 2018**

I wish to purchase the following tickets to the Under Armour Internationals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **INTERNATIONAL** | **NUMBER OF TICKETS** | **PRICE** | **TOTAL** |
| **Sat 3rd Nov 18****K.o TBC** | **Scotland** |  |  |  |
| **Sat 10th Nov 18****K.o TBC** | **Australia** |  |  |  |
| **Sat 17th Nov 18****K.o TBC** | **Tonga** |  |  |  |
| **Sat 24th Nov 18****K.o TBC** | **South Africa** |  |  |  |
| **Administration Fee** | **£5.00** |
| **Postage** | **(£6.50)** |
| **Grand Total** |  |

**DECLARATION**

I, the undersigned, confirm that I accept 2018 Under Armour Tickets on the understanding that I will not, in any circumstances, pass, sell or dispose of the tickets for above their face value. I accept that if any tickets allocated to me are discovered on the “black market”, I may lose my right to purchase tickets from the club in future.

 Please return to: ***tickets@ponty.net***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Tel/Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Season Ticket No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT: If submitting by post please provide contact details should we need to discuss your ticket request.**

**Payment method:**

|  |  |
| --- | --- |
|  **Cash** **£\_\_\_\_\_\_\_\_\_\_\_\_** | **Cheque**  **£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Made payable to ***Ponty Rugby Ltd*** with name address & card number on reverse |
| **Debit/Credit Card** Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date: \_\_\_\_\_ Security No: \_ Issue No.(Switch only): \_\_\_\_\_\_\_\_\_\_\_\_\_Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |