**WALES ORDER FORM AUTUMN 2021 SERIES**

I wish to purchase the following tickets to the Autumn 2021 Series Internationals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **INTERNATIONAL** | **NUMBER OF TICKETS** | **PRICE** | **TOTAL** |
| **Sat 30/10/21****K.o TBA** | **New Zealand** |  |  |  |
| **Sat 06/11/21****K.o TBA** | **South Africa** |  |  |  |
| **Sun 14/11/21****K.o TBA** | **Fiji** |  |  |  |
| **Sat 20/11/21****K.o TBA** | **Australia** |  |  |  |
| **Administration Fee** | **£6.00** |
| **Postage** | **(£7.00)** |
| **Grand Total** |  |

**DECLARATION**

I, the undersigned, confirm that I accept Autumn 2021 Series 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:

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

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

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

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

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

Season Ticket/Shareholders 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |