

HUDDERSFIELD TOWN DISABILITY WRISTBAND & ACCESS CARD FORM

Please complete this electronic form, and save to your hard drive before attaching it to an email addressed to: dlo@htaafc.com

DISABLED SUPPORTER DETAILS (please complete all sections below)

FIRST NAME

SURNAME

ADDRESS

POST CODE

HOME TEL

MOBILE

DATE OF BIRTH

CLIENT REFERENCE NO
(as on season card)

E-MAIL ADDRESS

NATURE OF DISABILITY & ACCESS REQUIREMENTS

Example: Autism

Is there any further information you can provide to help our staff support you
If yes please state below

WHICH BEST DESCRIBES YOU (please select)

SEASON CARD HOLDER in the

STAND ROW

SEAT

MATCH BY MATCH PURCHASER

FIRST TIME PURCHASER

EMERGENCY POINT OF CONTACT (please complete all sections below)

FIRST NAME

SURNAME

CONTACT TELEPHONE NO

EMAIL ADDRESS

Upon receipt of all documentation, the request for a wristband and access card will be reviewed by our Disability Liason Officer (DLO). Supporters will be notified via e-mail and the wristband and access card will be sent out via post. Contact dlo@htaafc.com or call 01484 960 606 and select 'option 5'

SIGNATURE

DATE

DATA PROTECTION

View our privacy policy here htaafc.com/htaafc-privacy-policy/

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