

HTAFC HIDDEN DISABILITY WRISTBAND & ACCESS CARD FORM

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

DISABLED SUPPORTER DETAILS

FIRST NAME:

SURNAME:

ADDRESS:

POST CODE:

HOME TEL:

MOBILE:

DATE OF BIRTH:

CUSTOMER REFERENCE NO:
(AS SEEN ON SEASON CARD)

EMAIL ADDRESS:

NATURE OF DISABILITY & ACCESS REQUIREMENTS

EXAMPLE: NON-VERBAL 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 TICKET PURCHASER

FIRST TIME PURCHASER

HTAFC HIDDEN DISABILITY WRISTBAND & ACCESS CARD FORM

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

EMERGENCY POINT OF CONTACT (PLEASE COMPLETE ALL SECTIONS BELOW)

FIRST NAME:

SURNAME:

CONTACT TELEPHONE NUMBER:

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@htafc.com or call **01484 960 606** and select 'option 5'

SIGNATURE:

DATE:

DATA PROTECTION

View our privacy policy here htafc.com/htafts-privacy-policy/