



Members' 'WHAT IF' Booking Form Betfred Super League Grand Final 2018

Please complete this form to secure your tickets in the event that Saints qualify for the Betfred Super League Grand Final on Saturday October 13 2018 – kick off 6:00pm. On qualification for the final, your tickets will be automatically processed for you. Please complete all sections of the form below and return it to:

St.Helens R.F.C. Ticket Office, Totally Wicked Stadium, McManus Drive, St Helens, Merseyside, WA9 3AL
or email it to: ticketoffice@saintsrlfc.com

PLEASE NOTE BEFORE FILLING IN THIS FORM:

By completing this form you are agreeing to purchase the tickets indicated below for the Betfred Super League Grand Final 2018, in the event of Saints qualification.

2018 Members will have exclusivity to pre-book tickets for the Grand Final via this form up until **5:00pm, Tuesday October 2 2018**. Tickets will then go onto General Sale to the public after the semi-final, should Saints qualify.

Please be aware that you can pre-purchase up to **FOUR** tickets per 2018 Member.

You only require one Member's information for the booking of up to four tickets and your Member number must be included below to process the booking.

Best available tickets will be allocated at the time of processing in your chosen price category, subject to availability.

In the event of a victory in the semi-final you will not need to contact us. We will process your application based on the information below, debit the relevant amount from your card and post the ticket(s) out to you or file them for collection based on your choice below. If the semi-final ends in an overall defeat then we will destroy the application form and no money will be debited from your card.

Please fill in your full contact information correctly so that in the event of an issue you can be promptly contacted.

We can accept scanned or emailed forms but they must be signed.

Once you have completed and signed this form no refunds or changes can be permitted to your booking.

Booking Information:

Please state the **TOTAL** number of tickets required (max four)

Price **category** of tickets (see stadium plan) CAT..... Number of Coach places required (priced at £10 per person)

Member name Member number

Name(s) for other tickets/...../.....

Address (Tickets will be posted to this address)

Postcode Contact number Email

Please please tick the below option:

Ticket collection – free (please note collections will be only be available from Tuesday October 9)

Postage - £5.95 recorded delivery

Method of Payment

This form is for Credit or Debit card payments only, please do not send Cash or Cheques as they will not be accepted. Please tick your preferred payment type:

Visa MasterCard Switch/Maestro Solo (please note we do not accept Visa Electron or AMEX)

Card no.

Expiry date/..... Issue (Switch/Solo only) or Valid from (Switch/Solo only)/.....

CVV Code (last 3 digits from reverse of card)

Cardholder signature

For office use only

Date received