



FC HalifaxTown “JUNIOR BLUES”

Season Ticket Members Form

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Telephone No. _____

My date of birth is: _____

My dad's name is: _____

My mum's name is: _____

My school is: _____

Favourite "Shayman" is: _____

Favourite other player is: _____

Favourite other team is: _____

My hobbies and interests are: _____



Parental permission (Parent / Guardians please delete where appropriate, sign and print below)

I hereby give / do not give permission for any individual photography taken of the applicant above to be used by FC Halifax Town for marketing purposes: Signed: _____ Name: _____

Official use only Membership No.	
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*Photos of the above applicant may be used when photographed as part of group / team shots.