**TICKET SALES PRO FORMA**

**EFL COMPETITION: SKY BET PLAY-OFF FINALS 2018**

**MATCH DATE: 27th MAY 2018**

**MATCH VENUE: WEMBLEY NATIONAL STADIUM**

**CLUB: SHREWSBURY TOWN FOOTBALL CLUB**

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| **Recipient Information – All Information is required to be completed in full at the time of purchase, in person.** |
| **Name:** |  |
| **Category Type:*****(delete as appropriate)*** | **Player / Club Official / Club Sponsor / Other (please state):** |
| **Organisation Name:*****(if applicable)*** |  |
| **Building Name/No.:** |  |
| **Street Name:** |  |
| **Postcode:** |  |
| **Contact Number:** |  |
|  |
| **Ticket Details** |
| **Block:Detail if more than one block** |  |
| **Row:****Detail if more than one row** |  |
| **Seat Number(s):****Detail full list of seat numbers** |  |
| **Total No. of Tickets:** |  |

I, ……………………………………………… (**name of recipient**), acknowledge receipt of an allocation of tickets (detailed above) in an area of the ground reserved for the supporters of the above named Club. I confirm that the tickets will only be used by persons who are supporters of this Club.

I understand that it is an offence under Section 166 of the Criminal Justice and Public Order Act 1994 for any person to re-sell a ticket for this match.

I acknowledge that these tickets are sold to me subject to the Conditions of Issue (receipt of which I acknowledge) and in particular clause 4 of those Conditions of Issue. I agree that:

(a) I will not transfer any ticket to persons who are not a supporter of the Club named above.

(b) Any re-sale will only be to persons known personally to me and for no more than face value.

(c) I will retain details of every individual in receipt of a ticket from me for not less than 6 months after the date of the match and will supply a copy of such details to The EFL upon request.

(d) I will ensure any sale in accordance with point (b) is expressly subject to the Conditions of Issue\*.

Other than as set out above, I agree there will be no transfer of the tickets and acknowledge I may be subject to prosecution if I breach any of the above.

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| **Signed (Recipient):** | **Date:** |
| **Name (Recipient):** |
| **Authorised by (Club Personnel)** |
| **Signed (Club Personnel):** | **Date:** |
| **Name (Club Personnel):** | **Position at Club: Ticket Office Manager / Assistant** |