



SECTION A – CURRENT DETAILS

I paid for my Season Ticket by direct debit for 2020/21 and wish to pay in full by a different method in 2021/22 (see section G)
I wish to purchase additional Season Ticket (s)
I wish to purchase a new Season Ticket (s)
Fill out additional Season Ticket holders on second page.

SECTION B.1 – LEAD SEASON TICKET HOLDER DETAILS

SEASON TICKET NO. (if applicable)
Title Forename
Surname
Company Name (if applicable)
Address
Postcode*
Date Of Birth*
Email*
*(MUST BE COMPLETED)
Telephone number home work mobile
Number:

ADDITIONAL UNDER-12s DETAILS

Must be approved by a member of the MK Dons Box Office team.
Please visit the MK Dons Box Office with a proof of identity (i.e Birth Certificate or Passport)
First U12 : SEASON TICKET NO. (If applicable)
Name
Date of birth
Second U12 : SEASON TICKET NO. (If applicable)
Name
Date of birth
Third U12 : SEASON TICKET NO. (If applicable)
Name
Date of birth

Approved by Signature (Office Use Only) Date

LET'S STAY TOGETHER!

To get all the latest news and offers from MK Dons and Stadium MK please opt in by ticking the below boxes.
Ticket Office and other news from MK Dons
Events, venues and restaurants at Stadium MK
Courses, events and updates from MK Dons Sports & Education Trust
Latest offers, news, deals and discounts from official partners
By Email Post SMS Phone

Please post this form to the below or email boxoffice@mkdons.com
Box Office, Milton Keynes Dons Ltd, Stadium MK, Stadium Way, Milton Keynes, MK11 1ST

SECTION C – SEAT DETAILS

club Platinum club Gold club Red
East Centre Family Area Cowshed
East Wing Standard Corner
Block Row Seat

Note: New Season Ticket Holders Should Contact The Box Office For Seat Options.

Adult Under-18 Over-65
Under-12* Under-25
Personal Assistant

*Under-12s go free (Except in club Red/Gold/Platinum) limited to three under-12s per adult.

SECTION D – CAR PARKING

I wish to renew my car parking season pass at £120
I am not renewing my car parking season pass
I would like to purchase a car parking season pass at £120

DISABLED CAR PARKING – BLUE BADGE HOLDERS ONLY

I wish to renew my disabled car park season pass (no charge)
I do not wish to renew my disabled car park season pass
I wish to apply for a disabled car park season pass (no charge, subject to availability)
YOU WILL NEED TO PROVIDE EVIDENCE OF YOUR BLUE BADGE

SECTION E – PAYMENT CALCULATOR

Table with columns: Item, Quantity, Total Price. Rows include Season Ticket(s), Seasonal car parking pass @ £120, Seat plaque(s) @ £48, Away Season Ticket(s) @ £12, Young Dons Club - Sign up @ £12, Academy supporters' draw - I wish to opt in @ £12 (over-18s only).

TOTAL PAYMENT £
MONTHLY PAYMENT DIVIDED BY MONTHS £

SECTION F – ACADEMY SUPPORTERS' DRAW

I PAY BY DIRECT DEBIT AND WISH TO OPT OUT OF THE ACADEMY SUPPORTERS' DRAW YES

SECTION G – PAYMENT

Cash (personal applications to the club only)
Cheque made payable to Milton Keynes Dons Limited
Please write cheque card guarantee number and expiry date on the Reverse of cheque.
Gift voucher
Direct Debit
please download and complete the direct debit form (new customers or those changing bank details).
Credit or debit card payment
please take this completed application form and your payment card to the box office to chip and pin your payment. Alternatively, please call us on 01908 622 922 to make a payment over the phone.

OFFICE USE ONLY
DATE RECEIVED DATE PROCESSED DATE PRINTED
DATE POSTED PROCESSED BY CONCESSION ID SEEN

SECTION B.2 –

ADDITIONAL SEASON TICKET

SEASON TICKET NO. (If applicable)

Title Forename _____

Surname _____

Company Name (If applicable) _____

Address _____

Postcode* _____

Date Of Birth* XX / XX / XX

Email* _____

*(MUST BE COMPLETED)

Telephone number home work mobile

Number: _____

ADDITIONAL SEASON TICKET

SEASON TICKET NO. (If applicable)

Title Forename _____

Surname _____

Company Name (If applicable) _____

Address _____

Postcode* _____

Date Of Birth* XX / XX / XX

Email* _____

*(MUST BE COMPLETED)

Telephone number home work mobile

Number: _____

ADDITIONAL SEASON TICKET

SEASON TICKET NO. (If applicable)

Title Forename _____

Surname _____

Company Name (If applicable) _____

Address _____

Postcode* _____

Date Of Birth* XX / XX / XX

Email* _____

*(MUST BE COMPLETED)

Telephone number home work mobile

Number: _____

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