

Season Ticket Application Form.

Section A – Current Details

I paid for my Season Ticket by Direct Debit for 2022/23 and wish to pay in full by a different method in 2023/24 (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:

Proof of age will be required for all concession age groups

Signature (For Office use only)

Date

Don't miss out!

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 SET
- Latest offers, news, deals and discounts from official partners
- By Email Post SMS Phone

Section C – Seat Details

Club Platinum Club Gold Club Red

East Centre Family Area Community Area

Cowshed East Wing

Block Row Seat

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

Adult Over-65 Under-25

Under-21 Under-14 Personal Assistant

Under-7* **Under 7 price only applicable in the family and community area*

Section D – Car Parking

I wish to renew my car parking season pass at £128.80.....

I am not renewing my car parking season pass.....

I would like to purchase a car parking season pass at £128.80

Disabled Car Parking - Blue Badge holders only

I wish to renew my disabled car park season pass at £64.40.....

I wish to purchase a disabled car park season pass at £128.80

You will need to provide evidence of your blue badge

Section E – Payment Calculator

	Quantity	Total Price
Season Ticket(s)	<input type="text"/> x	£ <input type="text"/>
Seasonal car parking pass @ £128.80	<input type="text"/> x	£ <input type="text"/>
Away Season Ticket(s) @ £12	<input type="text"/> x	£ <input type="text"/>
Academy supporters' draw -		
I wish to opt in @ £12 (over-18s only)	<input type="text"/> x	£ <input type="text"/>
<i>For Season Ticket holders paying in full</i>		
TOTAL PAYMENT		£ <input type="text"/>
MONTHLY PAYMENT DIVIDED BY <input type="text"/> MONTHS		£ <input type="text"/>

Section F – Academy Supporter Draw

I pay by Direct Debit and wish to opt out of the academy supporters' draw

Section G – Payment

Cash (personal applications to the club only)

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 622 933 to make a payment over the phone.

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

OFFICE USE ONLY	DATE RECEIVED	<input type="text"/>	DATE PROCESSED	<input type="text"/>	DATE PRINTED	<input type="text"/>
	DATE POSTED	<input type="text"/>	PROCESSED BY	<input type="text"/>	CONCESSION ID SEEN	<input type="text"/>

Section B.2 -

Additional Season Ticket

Proof of age will be required for all concession age groups

Seat Details

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Club Platinum | <input type="checkbox"/> Club Gold | <input type="checkbox"/> Club Red |
| <input type="checkbox"/> East Centre | <input type="checkbox"/> Family Area | <input type="checkbox"/> Community Area |
| <input type="checkbox"/> Cowshed | <input type="checkbox"/> East Wing | |

Block Row Seat

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

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Over-65 | <input type="checkbox"/> Under-25 |
| <input type="checkbox"/> Under-21 | <input type="checkbox"/> Under-14 | <input type="checkbox"/> Personal Assistant |
| <input type="checkbox"/> Under-7* | *Under 7 price only applicable in the family and community area | |

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(If applicable)

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Surname

Company Name (If applicable)

Address

Postcode*

Date Of Birth* / /

Email*

*(MUST BE COMPLETED)

Telephone number home work mobile

Number:

Additional Season Ticket

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