



GRAYS ATHLETIC COMMUNITY FOOTBALL CLUB

BIG DRAW APPLICATION FORM

NAME:

ADDRESS:

EMAIL:

CONTACT NUMBER:

**COST - £10 PER TICKET PER MONTH
(MAX 10 TICKETS PER PERSON PER MONTH)**

I would like to purchase:TICKETS PER MONTH

I will be paying by standing order: YES NO

I will be paying by CHEQUE / CASH

TOTAL CASH: £.....

SIGN HERE: DATE:.....

STANDING ORDER INSTRUCTIONS

Your BANK Name:.....

SORT CODE..... ACCOUNT NUMBER.....

NAME ON ACCOUNT.....

BILLING ADDRESS.....

BENEFICIARY DETAILS - GRAYS ATHLETIC COMMUNITY FOOTBALL CLUB

CO-OP BANK SORT CODE: 08-92-99. ACCOUNT NUMBER: 65368431

PAYMENT DETAILS:

AMOUNT OF FIRST PAYMENT: £..... DATE OF FIRST PAYMENT:.....

AMOUNT OF USUAL PAYMENT: £..... (DATE OF USUAL PAYMENT 1st OF EACH MONTH)

PLEASE PAY THIS UNTIL FURTHER NOTICE: YES NO

PLEASE SIGN: DATE:.....

PLEASE SEND COMPLETED FORM TO GRAYS ATHLETIC FC, c/o 21 ST Johns Road, Chadwell St Mary, Essex, RM16 4JU OR EMAIL IT TO: graysathleticfc@hotmail.co.uk