TOTTENHAM HOTSPUR MALTA SPURS



REQUEST FOR MATCH TICKETS 2023/2024

APPLICATION FORM

Please fill a separate form for every match

SECTION A (to be filled by all applicants)		
Match : Tottenham Hotspur vs	Date of match	ı:
Name & surname :		OPTIONAL
One Hotspur CRN (client reference number - if applicable) (Tick whether Adult (A), Senior (S) or Junior (J) One Hotsput Malta Spurs member number (if applicable): e-mail address: Telephone number/s: Number of tickets required: Date of application: SECTION B (to be filled only by members applying for member)	nan 1 please fill in Section B)	Please mark hereunder the block/s you prefer: North 110 (lower)
Please insert the details of the <u>OTHER</u> person/s within the	group (do <u>not</u> include yourself)	South 453 (upper) □
Name & Surname	One Hotspur CRN (if applicable) State whether Adult, Senior or Jui	Malta Spurs member number nior (if applicable)
If the above spaces are not enough, please continue below	or overleaf	
Should the number of tickets available be less the	han the total amount of ticket	ts requested:
I would accept the reduced number of tickets $oldsymbol{L}$	_	<u></u>
I would <u>not</u> accept the reduced number of ticke	ts (all requested tickets or no	thing) \square

This application form is to be sent by e-mail to info@maltaspurs.com, by post to 22, St Frederick Street, Valletta VLT 1473, Malta, or by personally calling at the Club premises at the same address.