

TOTTENHAM HOTSPUR MALTA SPURS



OFFICIAL
SUPPORTERS' CLUB

REQUEST FOR MATCH TICKETS 2024/2025

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 : _____

Name & surname : _____

One Hotspur CRN (client reference number - if applicable) : _____

(Tick whether Adult (A), Senior (S) or Junior (J) One Hotspur member) A / S / J

Malta Spurs member number (if applicable) : _____

e-mail address : _____

Telephone number/s : _____

Number of tickets required : _____ (if more than 1 please fill in Section B)

Date of application : _____

OPTIONAL

Please mark hereunder
the block/s you prefer:

North 110 (lower)

North 113 (lower)

North 423 (mid)

North 512 (upper)

North 513 (upper)

East 123 (lower)

East 523 (upper)

South 250 (lower)

South 251 (lower)

South 257 (lower)

South 258 (lower)

South 323 (upper)

South 451 (upper)

South 453 (upper)

SECTION B (to be filled only by members applying for more than 1 ticket)

Please insert the details of the **OTHER** person/s within the group (do **not** include yourself)

Name & Surname	One Hotspur CRN (if applicable) State whether Adult, Senior or Junior	Malta Spurs member number (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the above spaces are not enough, please continue below or overleaf

Should the number of tickets available be less than the total amount of tickets requested:

I would accept the reduced number of tickets

I would not accept the reduced number of tickets (all requested tickets or nothing)

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.

For applicable terms and conditions please visit the MATCH TICKETS webpage on our website www.maltaspurs.com