



Portsmouth  
CITY COUNCIL

# GREAT SALTERNS GOLF COURSE

## SEASON TICKET APPLICATION FORM

I wish to apply for a PORTSMOUTH CITY COUNCIL GOLF SEASON TICKET  
For the Period from 01 April 2009 to 31 March 2010

Please tick all appropriate boxes

I wish to purchase the following Season Ticket:- (Please tick one box only)

Maxi 7 Day Adult       Maxi 5 Day Adult       Maxi 5 Day Senior Citizen

7 Day Adult       5 Day Adult       5 Day Senior       Intermediate

Title: Mr/Mrs/Ms/Miss/Other      First name: .....      Surname: .....

Address: .....

Postcode: .....

Telephone: .....      Your E.Mail Address: .....

Age:      18-24       24-60       61 and over

I wish to pay the full amount/deposit of £ \_\_\_\_\_ by:-

Cheque       Mastercard       Visa/Delta       Switch       Cash

Instalments       Please complete Direct Debit mandate attached.- see terms and conditions

**I agree to the Terms & conditions of issue and if applicable to the specific terms for payment by instalment (Direct Debit)**

Signature .....      Date: .....

### FOR OFFICE USE ONLY

Date issued: .....      Issued by: .....      Season No: .....