



Saints Disabled Supporters' Association

Patron: The Right Worshipful the Mayor of Southampton

Ambassador – Francis (Franny) Benali

SDSA Season Ticket Application Form

Please return your completed form to
SDSA Secretary, 120 Stannington Crescent, Totton, SO40 3QD

I would like to be considered to use a SDSA season ticket

First Name: _____

Last Name: _____

Date of Birth: ____/____/____

Postal Address: _____

Post Code: _____

Email Address: _____

Disability: _____

Do you need a wheelchair space? Yes / No

Last game at St Mary's: Within last 2 seasons Within last 3-5 seasons

More than 5 seasons ago Never been to St Mary's

Telephone No.: _____

Please give us some reasons why you would like to go to a match or why you would like to nominate this person:

Note: By completing and submitting this application form you agree to your details being held by the SDSA for the purposes of administering season ticket applications, and advising you of forthcoming events and offers arranged by the SDSA. Your details will only be held while you wish to be considered and will not be passed to any 3rd party agencies.