



SEASON 2011 CAR PARK PERMIT REPLACEMENT FORM

DEAR MEMBER

REPLACEMENT FEE

Lost Tickets

\$10.00 per Car Park permit

Stolen Tickets

No Charge - please provide police report number _____

We require that this Declaration be completed by yourself, the Member. Identification (Drivers License or Telephone account etc) must accompany the form. Completed forms along with payment (if applicable) can be returned to the SANFL:

POST: AAMI STADIUM MEMBERSHIP, PO Box 1 WEST LAKES SA 5021

PERSON: AAMI Stadium, Administration Building, Turner Drive WEST LAKES

EMAIL: membership@sanfl.com

DECLARATION

NAME:		MEMBER #:	
POSTAL ADDRESS:			
		STATE:	POSTCODE:
PHONE: (H)	(W)	(MOB)	
DATE:			

I HEREBY DECLARE THAT I AM CURRENTLY A FINANCIAL MEMBER OF AAMI STADIUM AND THAT I HAVE LOST MY CAR PARK TICKET.

I HEREBY MAKE APPLICATION FOR REPLACEMENT OF THE AFOREMENTIONED TICKET AND AGREE THAT IN THE EVENT OF THE TICKET BEING RECOVERED, I SHALL RETURN IT TO SANFL IMMEDIATELY.

DATE ____ / ____ / ____

SIGNED _____

PAYMENT DETAILS

<input type="checkbox"/> I wish to pay by cheque (payable SANFL)											
Or please charge \$10 per Car Park Permit to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Diners <input type="checkbox"/> Amex											

CARDHOLDERS NAME:	EXPIRY DATE: /
SIGNATURE:	DATE: / /

OFFICE USE ONLY

Lost Car Park No	Car Park Type	Member #	New Car Park No	Date	Authorised By