

SPREAD THE COST SEASON TICKET

26/27

Please read carefully. | All sections of this form must be filled out.

TICKET TYPE	SPREAD THE COST SEASON TICKET Payment from 1st May 2026			
	SEATING	QTY	STANDING	QTY
Adult	£565 12 payments of £47.08		£450 12 payments of £37.50	
Concession (Student & 60+)	£475 12 payments of £39.58		£375 12 payments of £31.25	
Child (15 & Under)	£315 12 payments of £26.25		£225 12 payments of £18.75	
Family 1 (2A + 2C)	£1,550 12 payments of £129.16		£1,200 12 payments of £100.00	
★ Season Ticket Card (£10pp)				

SECURE YOUR SEAT FOR 30 GAMES

- Our Season Ticket will include 30 home games.
- First refusal on your seat at the pro rata rate of your season ticket for additional games.
- The club reserves the right to reschedule or substitute games included in season tickets.
- Season Ticket holders will receive a free digital pass for games, but can purchase an additional plastic card for £10pp.
- 10% off selected Swindon Wildcats merchandise.
- 10% off HOT food on a match night.
- Any missed direct debit payments will incur a £5 charge.
- The club reserve the right to move Season Ticket Seats to prevent single seats remaining between Season Ticket Holders.

UNABLE TO ATTEND A GAME?

SELL BACK YOUR SEAT FOR A £15 FOOD OR MERCHANDISE VOUCHER, A STREAM OR A 27/28 TICKET CREDIT.

T&C's apply to all Season Ticket Benefits

TERMS & CONDITIONS

I have read the Terms & Conditions:

ELIGIBILITY & SIGN-UP

To qualify for the 12-month Spread the Cost option, you must submit your application form between now and the 30th April 2026. Once the application has been made, please make the first payment on the 1st May 2026. You will receive a link from Ticket.co to make this payment.

PAYMENT SCHEDULE

- Applications can only be made for the Spread the Cost option between 1st April - 30th April 2026.
- Please make your first payment on the 1st May 2026.
- Your recurring payment date will be set based on when your Season Ticket is processed on TicketCo.

CONTRACT TERM & CANCELLATION

- This plan requires a minimum commitment of 6 months. It cannot be cancelled within the first 6 months.
- If you cancel your season ticket it is invalid from the point of cancellation with no refunds
- Payment terms cannot be extended beyond the agreed 12-month period.

ADDITIONAL TERMS

- If a payment fails, we will attempt to take the payment 2 more times. Failure to make a payment after these attempts could result in cancellation of your season ticket.
- The club reserves the right to amend these terms at any time.
- TicketCo have their own T&C's which you must agree to

Date:

Signature:

PRIMARY CONTACT DETAILS

(We will use this person to manage the application)

Please complete information for all Season Ticket holder applicants. These details will be used for the allocation of Season Tickets.

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	DOB
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	Postal Code	Signature
CONTACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone Number	Email Address	Block
			Row
			Seat

I'd like to receive emails from Swindon Wildcats with News, Club information and offers:

I would **NOT** like to receive emails from Swindon Wildcats with News, Club information and offers:



ADDITIONAL SEASON TICKET APPLICANTS

2nd Applicant

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	DOB
CONTACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone Number	Email Address	Signature

For any child applicants, please use a parent/guardian's contact information.

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SEAT		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Block	Row	Seat

3rd Applicant

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	DOB
CONTACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone Number	Email Address	Signature

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SEAT		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Block	Row	Seat

4th Applicant

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	DOB
CONTACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone Number	Email Address	Signature

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SEAT		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Block	Row	Seat