

Stratford Town Football Club Lottery
(I am over 16 years of age)

Name:

Address:

DOB

Postcode:

email:

Tel:

No of entries / payment frequency

I wish to purchase

Entries for the draw each week

Cost:

Per Month:

£4.33 x

weekly chance(s) =

per month

Quarterly:

£13 x

weekly chance(s) =

per quarter

Half – yearly:

£26 x

weekly chance(s) =

twice yearly

Annually:

£52 x

weekly chance(s) =

per year

STANDING ORDER

Your bank:

Branch address:

Account holders name:

Your account no:

Bank sort code:

Please pay to: LTSB 22 Bridge Street Stratford upon Avon CV37 6AG
sort code: 30-98-26 Acc No. 32098368

The sum of

£

on the

day, until further notice

Monthly

Quarterly

Half-yearly

annually

Commencing

Ref No

Signature:

Date:

SEND OR HAND YOUR COMPLETED FORM TO:
Chris Simpson 15 Ludford Close Stratford Upon Avon CV37 9LA